

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18412

BIRTH NO.		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 5342		Registrar's No. 54-46	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Greenfield		c. LENGTH OF STAY (In this place) native		c. CITY OR TOWN So. Greenfield		d. Is Residence within limits of a city or incorporated town? R.F.D. No. 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence R.F.D.				f. STREET ADDRESS (If rural, give location) R.F.D.			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Elizabeth		c. (Last) Bowles		4. DATE OF DEATH (Month) (Day) (Year) July 7 1954	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 15 1873	
9. AGE (In years last birthday) 81		10. MONTH 1		11. DAY 23		12. CITIZEN OF WHAT COUNTRY? native	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and State or Foreign Country) Dade County		12. CITIZEN OF WHAT COUNTRY? native	
13a. FATHER'S NAME James Hamie		13b. MOTHER'S MAIDEN NAME Mary Rowe		14. NAME OF HUSBAND OR WIFE Price Bowles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Price Bowles So. Greenfield R.R.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ++7x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-12-1954 to 7-5-1954 , that I last saw the deceased alive on 7-5-1954 , and that death occurred at 9:10 A.M. from the causes and on the date stated above.							
23a. SIGNATURE J. D. Combs M.D. (Degree or title)				23b. ADDRESS Lockwood		23c. DATE SIGNED 7-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-11-1954		24c. NAME OF CEMETERY OR CREMATORY Pennsboro		24d. LOCATION (City, town, or county) (State) N. Miller Mo.	
DATE REC'D BY LOCAL REG. 7-10-54		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Morris Leiman Miller Mo.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Signature of Licensed Embalmer

Licensed Embalmer No. 3291

P. O. Address Miller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.