

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25981**

FILED AUG 2 - 1954

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 4507		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) Crane				c. CITY (If outside corporate limits, write RURAL and give township) Crane			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) I c. (Last) Bowling			4. DATE OF DEATH (Month) (Day) (Year) July 19-1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 13 1874	
9. AGE (In years) 80		10. UNDER 1 YEAR (Months) 3		11. UNDER 1 HR. (Hours) 6		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY Farmer			
11. BIRTHPLACE (City and State or Foreign Country) Arkansas				12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Frank Bowling			13b. MOTHER'S MAIDEN NAME Liddy Harrett			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Oliver Bowling ADDRESS Crane Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Excessive Heat					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201 F					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from last the body after death , that I last saw the deceased alive on about 120 mi. from the causes and on the date stated above.			
23a. SIGNATURE I was after acting 3 (Degree or title)		23b. ADDRESS Crane, Malvern		23c. DATE SIGNED 7-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 7/22/54		24c. NAME OF CEMETERY OR CREMATORY Missouri		24d. LOCATION (City, town, or county) (State) Crane Mo	
DATE REC'D BY LOCAL REG. July 21-54		REGISTRAR'S SIGNATURE Mrs. J. Elmer Pusey		25. FUNERAL DIRECTOR'S SIGNATURE George H. Manlove		ADDRESS Crane Mo	

per Lina Murray (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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, by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George H. Monroe

Licensed Embalmer No. 3827

P. O. Address Crown mo

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