

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4218</b>		Registrar's No. <b>49</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>			
b. CITY OR TOWN <b>Windsor</b>		c. LENGTH OF STAY (In this place) <b>10 days</b>		c. CITY OR TOWN <b>Windsor</b>		0 4 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Windsor 2017 N. Main</b>			
3. NAME OF DECEASED (Type or Print) <b>WILLIAM S BOWEN</b>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 1 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Feb. 1. 1869</b>		9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal mine operator</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Charlestown, W. Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Richard Bowen</b>		13b. MOTHER'S MAIDEN NAME <b>Grace Elizabeth</b>	
14. NAME OF HUSBAND OR WIFE <b>Alwilda James Bowen</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. W.S. Bowen</b> ADDRESS <b>Windsor Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septicopyemia</b>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <b>332X</b>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept 2, 1954</b> , to <b>Sept 30, 1954</b> , that I last saw the deceased alive on <b>Sept 30, 1954</b> , and that death occurred at <b>3:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Arnwall</b>				23b. ADDRESS <b>M.D. Windsor Mo.</b>		23c. DATE SIGNED <b>10/5/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-3-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Oct 3-54</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston-Turner</b> ADDRESS <b>Windsor Mo</b>			

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

FEB 4 1958

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Windsor, 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.