

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1954

State File No. **36639**
Registrar's No. **25**

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. 36639		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Butler					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Poplar Bluff			c. LENGTH OF STAY (In this place) 4yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff				
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital					d. STREET ADDRESS (If rural, give location) Oak Street				
3. NAME OF DECEASED (Type or Print) a. (First) Octavia			b. (Middle)		c. (Last) Bowles		4. DATE OF DEATH 11-25-54		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 14, 1871		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Viena, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Monroe				13b. MOTHER'S MAIDEN NAME Nancy Hoops			14. NAME OF HUSBAND OR WIFE W. M. Bowles		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. H. O'rear Farmington, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): arteriosclerosis							
		DUE TO (c)							
		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					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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 1950 to 11-25, 1954 , that I last saw the deceased alive on 11-25, 1954 , and that death occurred at 2:10 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title)					23b. ADDRESS Poplar Bluff, Mo.			23c. DATE SIGNED 12-1-54	
24a. BURIAL, CREMATION-REMOVAL (Specify) Removal		24b. DATE 11-27-54		24c. NAME OF CEMETERY OR CREMATORY Protestant Cemetery			24d. LOCATION (City, town, or county) (State) Viena, Mo.		
DATE REC'D BY LOCAL REG. 12/2/54		REGISTRAR'S SIGNATURE [Signature] 489-0			25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch			ADDRESS Poplar Bluff, Mo.	

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

Enter 6.11

0124
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RECEIVED
DEC 6 1954
BUTLER CO. HEALTH CENTER
FILE NO. _____

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 11-24

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Maple Bluff, Pa.

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.