

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37235

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 555A Registrar's No. _____

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BAKERSFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BAKERSFIELD	
c. LENGTH OF STAY (in this place) 8 yrs		d. STREET ADDRESS (If rural, give location) R F D	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		d. FULL NAME OF HOSPITAL OR INSTITUTION X	

3. NAME OF DECEASED (Type or Print) DICK E. BOWERS			4. DATE OF DEATH (Month) (Day) (Year) 11-10-54		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH 5-30-1887		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days 5 10	
11. BIRTHPLACE (State or foreign country) EDGERTON, KS.		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 Electrician		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME FRED BOWERS		13b. MOTHER'S MAIDEN NAME MARY E. BIRD		14. NAME OF HUSBAND OR WIFE MARY BOWERS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Y		16. SOCIAL SECURITY NO. YES		17. INFORMANT'S SIGNATURE OR NAME MRS. D. E. BOWERS, BAKERSFIELD, MO	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u>		DUE TO (b) <u>Coronary thrombosis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 9/22, 1952, to 11-10, 1954, that I last saw the deceased alive on 11-10, 1954, and that death occurred at 5:40 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Daniel R. Jones D.O.</u>		(Degree or title)		23b. ADDRESS <u>Bakersfield, Mo.</u>		23c. DATE SIGNED <u>11-15-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE <u>11-12-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELIJAH</u>		24d. LOCATION (City, town, or county) (State) <u>ELIJAH, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. DEC 13 1954		REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTSONS, WEST PLAINS, MO</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. D. Roberts

Licensed Embalmer No. *2437*

P. O. Address *West Hill*

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

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