

FILED NOV 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37730

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 534

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |  |
| b. CITY (If outside city limits, give RURAL and give township) <u>Joplin</u> |  | c. CITY OR TOWN <u>Joplin</u>  |  |
| c. LENGTH OF STAY (in this place) <u>Alpine</u>                              |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2302 Sergeant</u>                 |  | e. STREET ADDRESS (If rural, give location) <u>2302 Sergeant</u>   |  |

|   |  |
|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Lee</u><br>b. (Middle) _____<br>c. (Last) <u>Bowles</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>11-2-1954</u> |
|---|--|

|                    |                               |   |                                     |   |  |  |
|--------------------|-------------------------------|---|-------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Underscored</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-------------------------------------|---|--|--|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|---|---|--|

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|---|--|--|
| 13a. FATHER'S NAME <u>Charles J. Bowles</u> | 13b. MOTHER'S MAIDEN NAME <u>No Record</u> | 14. NAME OF HUSBAND OR WIFE <u>Ada</u> |
|---|--|--|

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ada Bowles</u> | ADDRESS <u>2302 Sergeant Joplin Mo</u> |
|---|-------------------------------------|---|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) <u>002X</u> |
|--|--|---|

|  |  |                                  |
|--|--|----------------------------------|
| 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"/> | 21f. HOW DID INJURY OCCUR? _____ |
|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from 10-9-54, to 11-2-54, that I last saw the deceased alive on 11-2-54, and that death occurred at 3:30 m., from the causes and on the date stated above.

|  |                               |                                 |
|--|-------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>B. B. Beets M.D.</u> | 23b. ADDRESS <u>Joplin Mo</u> | 23c. DATE SIGNED <u>11-4-54</u> |
|--|-------------------------------|---------------------------------|

|   |                            |   |  |
|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-4-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u> |
|---|----------------------------|---|--|

|   |  |  |                          |
|---|--|--|--------------------------|
| DATE REC'D BY LOCAL REG. <u>11-9-54</u> | REGISTRAR'S SIGNATURE <u>J. D. James</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Nelson</u> | ADDRESS <u>Joplin Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Course No. 34-11-100  
Date Filed NOV 18 1954

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 *David Dillon* .....

Licensed Embalmer No. 3890

P. O. Address *Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.