

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

501

State File No.

FILED JAN 17 1955

BIRTH NO.		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4697</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Carter</u> <u>0180</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u> c. LENGTH OF STAY (in this place) <u>many years</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u> <u>0180</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Syntha</u> b. (Middle) <u>Emeline</u> c. (Last) <u>Bowen</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 55</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 27 1879</u>	
9. AGE (If years last birthday) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Reynolds Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Abe Lane</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Bess</u>		14. NAME OF HUSBAND OR WIFE <u>E.M. Bowen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.M. Bowen Van Buren Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic angiocarditis</u> DUE TO (c) <u>arterial hypertension</u> 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 ☐ NO ☒				21. HOW DID INJURY OCCUR?			
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>Oct 8 1948</u> , to <u>Jan 5 1955</u> , that I last saw the deceased alive on <u>Dec 21 1954</u> , and that death occurred at <u>1:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank Rucinski, D.O.</u>				23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>1-6-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Light</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 8-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs Octavia Peterson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Seaton Pruitt Van Buren Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.