

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3547**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **30722** Registrar's No. **25**

0972

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 3 days	c. CITY OR TOWN Marshall
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		* STREET ADDRESS (If rural, give location) 473 South Redman	

3. NAME OF DECEASED (Type or Print) Viola	a. (First)	b. (Middle) Bowman	c. (Last) Davis	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 Sept. 10, 1892	9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Miami, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Bowman	13b. MOTHER'S MAIDEN NAME Minnie Chaffee	14. NAME OF HUSBAND OR WIFE _____
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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) No	16. SOCIAL SECURITY NO. 492-I4-I703	17. INFORMANT'S SIGNATURE OR NAME Farris Shepard ADDRESS Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma Cervix		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION In Edris Isabel Hoop Glinner	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.) West Leub-55	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2/6**, 19**55**, to **2/10**, 19**55**, that I last saw the deceased alive on **2/10**, 19**55** and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS [Address]	23c. DATE SIGNED 2/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY Salt Fork Cemetery	24d. LOCATION (City, town, or county) (State) Cooper County, Missouri
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DATE REC'D BY LOCAL REG. Feb. 11-55	REGISTRAR'S SIGNATURE 385-0 Carl G. Reed - Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS MARSHALL, Mo.
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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 *James N. Lewis Jr.*.....
Licensed Embalmer No. *4708*
P. O. Address *Marshall*..

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.