

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20961

BIRTH NO. _____		REG. DIST. NO. <u>2</u>	PRIMARY REG. DIST. NO. <u>5019</u>	Registrar's No. <u>69</u>
1. PLACE OF DEATH a. COUNTY <u>Andrew 0020</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u>		
b. CITY OR TOWN <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>4</u>	c. CITY OR TOWN <u>SAVANNAH</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>Ford Nursing Home</u>		f. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Bowen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>5-22-1878</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Collier</u>		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Samuel Bowen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. J. Henry Savannah 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Disease</u> DUE TO (c) <u>Generalized</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>			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 <u>7-30, 1953</u> to <u>7-31, 1955</u> that I last saw the deceased alive on <u>7-25, 1955</u> and that death occurred at <u>11 p.m.</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Walter C. Babert</u>		23b. ADDRESS <u>Savannah Mo.</u>		23c. DATE SIGNED <u>8-2-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-3-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Washington</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>8-3-55</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *E. C. Burt* .....

Licensed Embalmer No. *265*

P. O. Address *Sacramento* .....

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.