

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25523

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 338	
1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> OF COUNTY <i>Cape Girardeau</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>North Bend</i>		c. LENGTH OF STAY (in this place) <i>13</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Near Oak Ridge</i>		d. STREET ADDRESS (If rural, give location) <i>P. F. D. 2 Oak Ridge</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Southwest Hospital</i>				4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 28 55</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i>		b. (Middle) <i>Lee</i>		c. (Last) <i>Bowers</i>		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>May 6 - 1941</i>	
9. AGE (In years last birthday) <i>14</i>		MONTH <i>3</i>		DAY <i>22</i>		9. AGE (In years last birthday) MONTH DAY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Geo. W. Bowers</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Hape</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Geo Bowers Oak Ridge</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Neuroangioma of Liver</i>				INTERVAL BETWEEN ONSET AND DEATH <i>8 months</i>	
		ANTECEDENT CAUSES Morbid 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.					
19a. DATE OF OPERATION <i>June 7, 1955</i>		19b. MAJOR FINDINGS OF OPERATION <i>Neuroangioma of Liver</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <i>Apr 18, 1955</i> to <i>Aug 28, 1955</i> , that I last saw the deceased alive on <i>Aug 28, 1955</i> , and that death occurred at <i>10 pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. J. Sheahan, M.D.</i>				23b. ADDRESS <i>Cape Girardeau, Mo 9-2-55</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8/31/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Coney Fork</i>		24d. LOCATION (City, town, or county) (State) <i>West Oak Ridge, Mo</i>	
DATE REC'D BY LOCAL RES. <i>9-7-55</i>		REGISTRAR'S SIGNATURE <i>C. C. Summers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Denette Kaur Jackson mo</i>		ADDRESS	

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

R. O. Land.

Licensed Embalmer No. 3548

P. O. Address Jackson 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.