FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27174

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 234

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Madison
c. CITY OR TOWN: Wesley
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): RFD #1 80308

3. NAME OF DECEASED (Type or Print)
a. (First): Troy
b. (Middle): Eleaster
c. (Last): Bowen

4. DATE OF DEATH (Month) (Day) (Year): Sept 6, 1955

5. SEX: Male
6. COLOR OR RACE: Caucasian White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 12, ~~1955~~ 1918
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 4, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and State or Foreign Country): Twitty, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: No Record
13b. MOTHER'S MAIDEN NAME: No Record
14. NAME OF HUSBAND OR WIFE: Mrs Orval W. Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes War 2 1942-1945
16. SOCIAL SECURITY NO.: 451-26-7631
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Navy Discharge

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture 5th cervical vertebra, Cerebral laceration — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile wreck
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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Haw Creek Township, Morgan, Missouri
071 3

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 2, 1955 9:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* Sept 2, 1955, *to* Sept 6, 1955, *that I last saw the deceased alive on* Sept 6, 1955, *and that death occurred at* 10:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E. Lanny M.D.
23b. ADDRESS: 111 W. 4th Sedalia Mo
23c. DATE SIGNED: 9/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 8, 1955
24c. NAME OF CEMETERY OR CREMATORY: Wesley
24d. LOCATION (City, town, or county) (State): Wesley, Arkansas

DATE REC'D BY LOCAL REG.: 9-8-55
REGISTRAR'S SIGNATURE: Lavina Coontz Deputy 251-80
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [illegible] Versailles Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 25 1955
SEP 22 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Duane Ewing

Licensed Embalmer No. 38.

P. O. Address Sedalia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.