

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34223

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>170</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wardell</u>		180			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Florence</u>		b. (Middle) <u>Minnie</u>		c. (Last) <u>Bowman</u>			
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>23,</u>		(Year) <u>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>July 30, 1891</u>			
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u></u>		11. DAYS <u></u>		12. HOURS <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Craneville, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jim Holloman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary C. Woodall</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allen Bowman Caruthersville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				DUE TO (b) _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>4201</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 <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) (Min.)		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>2-20</u> , 19 <u>53</u> , to <u>10-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-23</u> , 19 <u>55</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C.D. Kaiser M.D.</u>				23b. ADDRESS <u>Hayti, Mo.</u>		23c. DATE SIGNED <u>11-1-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wardell Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-4-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Osburn Funeral Home, Wardell, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

11-310-55

NOV 10 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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

*James G. Osburn*

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.