

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37881**

FILED DEC 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Charles</b>		c. CITY OR TOWN <b>Saint Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>409 N. Kingshighway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Earnest</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Bowles</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 22, 1881</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>maintenance man</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Western Union</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Millwood, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Any Palmer</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-10-7038</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DeSales Bowles, St. Charles, Mo.</b>	ADDRESS <b>St. Charles, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>		<b>30 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of rectum</b> DUE TO (c) <b>Chronic myocarditis</b>		<b>6 mo.</b> <b>2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Hypertension 154x</b>			<b>5 years</b>

19a. DATE OF OPERATION <b>11/21/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rectum</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Nov 4, 1955**, to **Dec 3, 1955**, that I last saw the deceased alive on **Dec 3, 1955**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. L. Neubeiser</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>St. Charles, Mo.</b>	23c. DATE SIGNED <b>12/5/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 6, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec 5 1955</b>	REGISTRAR'S SIGNATURE <b>Samuel Hamilton</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. C. Dally</b>	ADDRESS <b>St. Charles, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 13 1953

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.....  
Licensed Embalmer No. ....  
P. O. Address.....

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.