S. No. 300
v. 10.48

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43238

BIRTH NO. ______ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4548 Registrar's No. 6

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

1130 | 1/30 | #14117 corr by affidavit 4-19-57

1. PLACE OF DEATH
a. COUNTY: Worth
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worth Mo.
c. LENGTH OF STAY (in this place): 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worth Mo. 1130
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) William c. (Last) Bowlin

4. DATE OF DEATH (Month) (Day) (Year): Dec. 25, 1955

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 6, 1888
9. AGE (In years last birthday): 67 — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

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

13a. FATHER'S NAME: William Bowlin
13b. MOTHER'S MAIDEN NAME: Mary Scott
14. NAME OF HUSBAND OR WIFE: ~~Ida~~ Iva Bowlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 564-34-2213
17. INFORMANT'S SIGNATURE OR NAME: ~~Ida~~ Iva Bowlin — ADDRESS: Worth Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

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.
4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 25, 19 55 *to* Dec 25, 19 55 *that I last saw the deceased alive on* Dec 25, 19 55 *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank B Matteson MD (Degree or title)
23b. ADDRESS: Grant City, Missouri
23c. DATE SIGNED: 12-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 29-1955
24c. NAME OF CEMETERY OR CREMATORY: Greenridge Cemetery
24d. LOCATION (City, town, or county) (State): Gentry, Missouri

DATE REC'D BY LOCAL REG.: Dec. 30-1955
REGISTRAR'S SIGNATURE: Leta E. Dawson — 345
25. FUNERAL DIRECTOR'S SIGNATURE: Kermit Bram — ADDRESS: Denver Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1957

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, ...

John Andrew ...., Student Embalmer No. ....

working under my personal supervision.

Student ....
Student Embalmer

Signed John Andrew ....

Licensed Embalmer No. 42... ....

P. O. Address Grant City, 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.