

FILED JAN 23 1956

STANDARD CERTIFICATE OF DEATH

1986 State File No. 18

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 343 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <i>Marion</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hannibal</i>	c. LENGTH OF STAY (in this place) <i>3 days</i>	c. CITY OR TOWN <i>Hannibal</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Leveering Hospital</i>		No. STREET ADDRESS (If rural, give location) <i>102 Mahoney 0640</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Robert</i>	b. (Middle)	c. (Last) <i>BOWEN</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 5 1956</i>
---	-------------	------------------------	---

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 10-1883</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
--------------------	-------------------------------	--	--	---	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Lewis Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
--	-----------------------------------	--	---

13a. FATHER'S NAME <i>Wm Bowen</i>	13b. MOTHER'S MAIDEN NAME <i>Emma Christy</i>	14. NAME OF HUSBAND OR WIFE <i>Lizzie Bowen</i>
---------------------------------------	--	--

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. <i>500-16-5167</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Lizzie Bowen</i>	ADDRESS <i>102 Mahoney Hannibal</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Supine mesenteric artery thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterial thrombosis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>5702</i>			

19a. DATE OF OPERATION <i>1/3/56</i>	19b. MAJOR FINDINGS OF OPERATION <i>Huge small bowel - complete</i>	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) m.	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 *1-2-56*, 19__, to *1-4-56*, 19__, that I last saw the deceased alive on *1-4-56*, 19__, and that death occurred at *7:10 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R Maltrung</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>115 N. 5th St. Hannibal, Mo.</i>	23c. DATE SIGNED <i>1-11-56</i>
-------------------------------------	--------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Jan. 8, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Kakaha Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Kakaha Mo.</i>
---	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <i>1/17/56</i>	REGISTRAR'S SIGNATURE <i>Edmund Luke By A.C. Frank</i>	1890	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas L. Suttner</i>	ADDRESS <i>Kakaha</i>
--	---	------	--	--------------------------

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

RECEIVED JAN 19 1956
MARION CO. HEALTH DEPT.
DATE FILED JAN 19 1956

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 *Oliver L. Lertman*.....

Licensed Embalmer No. *2964*.....

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.