

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8880**BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY OR TOWN Clinton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 min.		e. STREET ADDRESS (If rural, give location) Rural Route #4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Allen b. (Middle) None c. (Last) Bowsher			4. DATE OF DEATH (Month) (Day) (Year) April 2 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 9 Days 10
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Contracting		10b. KIND OF BUSINESS OR INDUSTRY Coal	11. BIRTHPLACE (City and State or Foreign Country) Lee, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Bowsher		13b. MOTHER'S MAIDEN NAME Mary Gray		14. NAME OF HUSBAND OR WIFE Naomi Bowsher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WWI		16. SOCIAL SECURITY NO. 494-38-1171		17. INFORMANT'S SIGNATURE OR NAME Naomi Bowsher ADDRESS Clinton, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		II. OTHER SIGNIFICANT CONDITIONS Hypertensive Cardio-vascular disease		5 years	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (Due to (b) or (c))			
		As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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 **1945**, to **April 2, 1956**, that I last saw the deceased alive on **April 2, 1956**, and that death occurred at **11 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. B. Hughes M.D.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 4/4/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 4, 1956		24c. NAME OF CEMETERY OR CREMATORY Englewood	
24d. LOCATION (City, town, or county) (State) Clinton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. E. Cousland Clinton Mo			
DATE REC'D BY LOCAL REG. 4-4-56		REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

JAN 5 1952

APR 20 1950

MAY 1 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 *J. E. Consoler*

Licensed Embalmer No. *18*
P. O. Address *Quincy*

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