

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21296**

FILED JUN 18 1956 REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5826** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give town) Rural LaFont Twp		c. CITY OR TOWN Portageville	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile n. of Conran		e. STREET ADDRESS (If rural, give location) 1 mile N. of Conran	
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) Bowen	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12 1891
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cerrogorda, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Asbille	
13b. MOTHER'S MAIDEN NAME Addie Howard		14. NAME OF HUSBAND OR WIFE Ezra Bowen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ezra Bowen-Portageville, Mo.		ADDRESS R.3	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Pulmonary Hemorrhage 12 hours	
DUE TO (c) Arterio Sclerosis 2 years		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 2-4-1956 , to 2-4-1956 , that I last saw the deceased alive on 2-4-1956 , and that death occurred at 6:15p m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James O. Cameron M.D.		23b. ADDRESS Manston - Mo	
23c. DATE SIGNED 2-10-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-6-56		24c. NAME OF CEMETERY OR CREMATORY Mounds Park	
24d. LOCATION (City, town, or county) (State) Lilbourn, Mo.		DATE REC'D BY LOCAL REG. 6-14-56	
REGISTRAR'S SIGNATURE H. J. Ponder Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo.	
ADDRESS		ADDRESS	

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

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DATE RECEIVED JUN 15 1956
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 Homer L. Ponder

Licensed Embalmer No. 336

P. O. Address Tilbourn

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.