

FILED JUL 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22532

State File No.

34

BIRTH NO. REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6168 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lincoln</u>	c. LENGTH OF STAY (In this place) <u>70 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lincoln</u> <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Galena, Mo. R. I</u>		d. STREET ADDRESS (If rural, give location) <u>Galena, Mo. R. I</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>S</u> c. (Last) <u>Bowling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 19, 1880</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Days <u>1</u> Hours <u>6</u> Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frank Bowling</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Liddie</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hattie Akin Galena Mo. R. I</u>	

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 <u>front</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson's</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>42cl</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from at death, on June 25, 1956, that I last saw the deceased on June 25, 1956, and that death occurred at 3:47 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond C. ...</u>	23b. ADDRESS <u>Galena Mo</u>	23c. DATE SIGNED <u>25 June 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mars Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Galena, Mo. R. I</u> <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 26-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brascian</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Everett J. Cheatham Galena</u>
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Purtha Murray (Licensed Embalmer's Statement on Reverse Side) mo

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

1040

317

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
Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.