

FILED SEP 21 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31918**
7990

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN St Louis		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Adair Home Phillip Hop		STREET ADDRESS (If rural, give location) 5166 Cates 2129	

3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) Boomer T. c. (Last) Bowdry			4. DATE OF DEATH (Month) (Day) (Year) Aug 28 1956		
5. SEX Male		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 8/18/1919		9. AGE (In years last birthday) 37		10. IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) TOPELO MISSISSIPPI U.S.	
12. CITIZEN OF WHAT COUNTRY					

13a. FATHER'S NAME MANNIE BOWDRY		13b. MOTHER'S MAIDEN NAME ROSE BELL CRAIGEN		14. NAME OF HUSBAND OR WIFE MARY ALICE BOWDRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO NO		16. SOCIAL SECURITY NO. 428 18 6674		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY ALICE BOWDRY 5166 CATES	

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) Acute Hemorrhagic		DUPLICATE TO (b) pancreatitis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		587.0			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:25 PM**, from the causes and on the date stated above.

22. SIGNATURE (Name or title) Patrick J. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried at		24b. DATE 31 Aug 56		24c. NAME OF CEMETERY OR CREMATORY TOPELO MISSISSIPPI	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS RELIABLE FUNERAL Svc 1389 N Union			
DATE REC'D BY LOCAL REG. AUG. 29 1956		REGISTRAR'S SIGNATURE Charles Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

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

3

1961
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 *Paul V. Freeman*

Licensed Embalmer No. *4684*
P. O. Address *4779 Ham*

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.