Health, Welfare Public Service

0352

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FILED NOV 23 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37526

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Dunklin	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Van Buran
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett, Mo. Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Famosia 8030 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Dunklin Co. Memorial Hosp. Length of stay in 1b 18 hours	d. STREET ADDRESS (If outside, give location) Famosia Rural Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: ROBERT	Middle: ARNOLD	Last: BOWLING	4. DATE OF DEATH	Month: Nov. Day: 14 Year: 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	8. DATE OF BIRTH: Sept, 11, 1907	9. AGE (In years last birthday): 49	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor	11. BIRTHPLACE (City and state or country): Famosia, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: JOHN THOMAS BOWLI NG	14. MOTHER'S MAIDEN NAME: EXER THOMPSON				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. 496-20-6426	17. INFORMANT: MRS. GUY RHOADES	Address: Famosia, Ark.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Hemothorax and Mediastinal — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhage. Sustained in automobile collision

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Collision H Way 84 East of Kennett Mo

20c. TIME OF INJURY Hour a. m. p. m. 11 Month, Day, Year Nov 13 1956 0355

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 13 1956, to Nov 14 1956 and last saw her/him alive on Nov 14, 1956

Death occurred at 10:4 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dear or title): George O. Hammer MD	22b. ADDRESS: Kennett Mo	22c. DATE SIGNED: 11/14/56
23a. BURIAL, CREMATION, REMOVAL (Specify): Removed	23b. DATE: 11. 15. 56	23c. NAME OF CEMETERY OR CREMATORY: Famosia, Arkansas
23d. LOCATION (City, town, or county) (State): Ark. Famosia Ark		
24. FUNERAL DIRECTOR: Mr. Paul Salmon	ADDRESS: 212 College	25. DATE RECD. BY LOCAL REG.: Nov. 14 1956
26. REGISTRAR'S SIGNATURE: Earl Hushan		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED DUNKLIN COUNTY HE
DEPARTMENT 11-19-5
COUNTY FILE NUMBER 1156

OCT 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 25

P. O. Address .....

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