

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41991**

FILED DEC 31 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5608 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>	c. LENGTH OF STAY (in this place) <u>10 YRS</u>	c. CITY OR TOWN <u>Holden</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>870</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD Holden Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Holden, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERA</u> b. (Middle) <u>LEE</u> c. (Last) <u>BOWIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 26 1930</u>
9. AGE (In years last birthday) <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Run Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Leola Phelps</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Martens Dale Bowie</u>	
14. NAME OF HUSBAND OR WIFE <u>Dale Bowie</u>		14. NAME OF HUSBAND OR WIFE <u>Dale Bowie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dale Bowie</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dale Bowie</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic carcinoma</u> DUE TO (c) <u>Originating from uterus</u> 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>174 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-1-56</u> , 19 <u>56</u> , to <u>12-25-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-25-56</u> , 19 <u>56</u> , and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. W. Moreland MD</u>		23b. ADDRESS <u>Holden Mo</u>	
23c. DATE SIGNED <u>12-27-56</u>		23c. DATE SIGNED <u>12-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mirvies Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad F. Hogg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad F. Hogg</u>	
DATE REC'D BY LOCAL REG. <u>12-29-56</u>		REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad F. Hogg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad F. Hogg</u>	

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

1888 27 1957

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 *M. J. Crandall*

Licensed Embalmer No. *343*

P. O. Address *Heldenville*

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.