

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7921

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3061 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. LENGTH OF STAY (In this place) 4 DAYS		c. CITY OR TOWN Carrollton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. E. L. Smith Clinic				e. STREET ADDRESS (If rural, give location) 01710			
3. NAME OF DECEASED (Type or Print) a. (First) SARAH		b. (Middle) BELLE		c. (Last) BOWLING		4. DATE OF DEATH (Month) (Day) (Year) March 22nd, 1957	
5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 23rd, 1875		9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Days 9	11. UNDER 1 YEAR Hours 29
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) 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isah Crane			13b. MOTHER'S MAIDEN NAME Dont know			14. NAME OF HUSBAND/OR WIFE Edward Bowling,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Dorothy Mann, Carrollton, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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?			
22. I hereby certify that I attended the deceased from March 18, 1957 , to March 22, 1957 , that I last saw the deceased alive on March 22, 1957 , and that death occurred at 7:05 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Corrado M. Smith				23b. ADDRESS P.O. Box 1049, H. Carrollton, Mo.		23c. DATE SIGNED 3-22-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 25, 1957	24c. NAME OF CEMETERY OR CREMATORY Hale Cenetry		24d. LOCATION (City, town, or county) (State) Hale, Missouri		
DATE REC'D BY LOCAL REG. 3-26-57		REGISTRAR'S SIGNATURE Tom Herbert Culver		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin funeral Home, Hale, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

Missouri

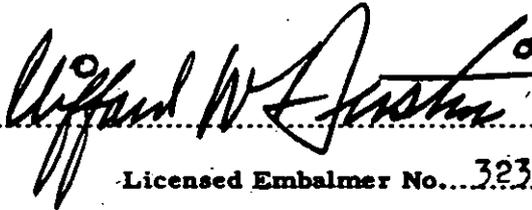
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... .....
Licensed Embalmer No... 3233

P. O. Address... Tina, Missou

**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.**