

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16440**

FILED MAY 24 1957

BIRTH NO. _____		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4087		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Carter			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren		d. STREET ADDRESS (If rural, give location) 0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION home of his sister							
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Hershel		c. (Last) Bowen		4. DATE OF DEATH (Month) (Day) (Year) May 12 57	
5. SEX M		6. COLOR OR RACE W		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 5 1881	
9. AGE (In years) (Month) (Day) (Year) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker		10b. KIND OF BUSINESS OR INDUSTRY Bag Co.		11. BIRTHPLACE (City and State or Foreign Country) Shannon Co Mo	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME M. V. Bowen		13b. MOTHER'S MAIDEN NAME M. C. Kennedy		14. NAME OF HUSBAND OR WIFE Ida Bowen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Yates Van Buren			
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) acute circulatory failure INTERVAL BETWEEN ONSET AND DEATH 10 min. ANTECEDENT CAUSES DUE TO (b) Chronic myocarditis 3 yrs. DUE TO (c) Chronic arteriosclerosis 4 yrs. 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 4221				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) (Min.)		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 10-5 , 19 54 , to 5-12 , 19 57 , that I last saw the deceased alive on 5-12 , 19 57 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank J. Purnick, D.O.				23b. ADDRESS Van Buren, Mo		23c. DATE SIGNED 5-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14-57		24c. NAME OF CEMETERY OR CREMATORY Van Buren		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. May 18-57		REGISTRAR'S SIGNATURE Mrs. Oeta H. Seaton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seaton, Van Buren Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 23 1957

CARTER COUNTY
HEALTH CENTER

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

Seaton Purcell

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.