

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19738

| | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>324</u> | | PRIMARY REG. DIST. NO. <u>3072</u> | | Registrar's No. <u>84</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u> | | | c. LENGTH OF STAY (in this place) <u>49 Yrs.</u> | | c. CITY OR TOWN <u>Marshall</u> | | 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 <u>572 So. Jefferson</u> | | | | e. STREET ADDRESS (If rural, give location) <u>572 So. Jefferson</u> | | | | <u>09720</u> | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) <u>Ada</u> | | b. (Middle) <u>Ellen</u> | | c. (Last) <u>Bear</u> | | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | | | |
| <u>May</u> | | <u>11</u> | | <u>1957</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb. 4-1876</u> | | | |
| 9. AGE (In years last birthday) | | # UNDER 1 YEAR | | # UNDER 12 HRS. | | | | | |
| <u>81</u> | | <u>3</u> | | <u>7</u> | | <u>Min.</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vevay, Indiana</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | | | | | |
| 13a. FATHER'S NAME <u>William Bowen</u> | | | 13b. MOTHER'S MAIDEN NAME <u>SUSAN LEAP</u> | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rex Sloan-Marshall, Mo.</u> | | | | |
| 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) <u>Cerebral Hemorrhage</u> | | | | | | |
| | | | ANTECEDENT CAUSES | | | | | | |
| | | | *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | | | |
| | | | 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. | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> 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) (m.) | | 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 <u>Jan</u> , 19 <u>57</u> , to <u>May 11</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>May 11</u> , 19 <u>57</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James A. Reed M.D.</u> | | | | 23b. ADDRESS <u>Marshall Mo</u> | | | | 23c. DATE SIGNED <u>5-13-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | | | |
| <u>Burial</u> | | <u>5/13/57</u> | | <u>Ridge Park</u> | | <u>Marshall, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-13-57</u> | | REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Surrency-Marshall, Inc.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 22 1951

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.....
J. Leslie Swanson

Licensed Embalmer No..... 32

P. O. Address... *W. Marquette*

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.