

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 21 500
State File No.

FILED JUN 20 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5372</u>		Registrar's No. <u>118</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>		c. LENGTH OF STAY (In this place) <u>21 days</u>		c. CITY OR TOWN <u>Buckner</u>		d. 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>Jackson Co. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>City</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Bowling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 1957</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 9, 1875</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buckner, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Hughes</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Hamilton</u>		14. NAME OF HUSBAND OR WIFE <u>Chester Bowling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Chester Bowling</u> ADDRESS <u>Buckner</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH _____
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Possible Cancer of Colon</u>				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerotic Heart disease</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>				20. AUTOPSY? <u>2</u> 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) _____				
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 <u>5-9</u> , 19 <u>57</u> , to <u>5-30</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>57</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul Williams MD</u> (Degree or title) _____				23b. ADDRESS <u>Jackson County (Miss)</u>		23c. DATE SIGNED <u>5-31-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner, Missouri</u>			
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>N.B. Longstaff</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Harold H. Appert</u>		ADDRESS <u>Buckner, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1957

JUL 31 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 *Ralph A. Jones*
Licensed Embalmer No. *466*

P. O. Address *Odessa*

**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.**