

FILED JUL 8 1957 STANDARD CERTIFICATE OF DEATH

'57 021907  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5501 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits) <u>WASHINGTON</u> OR TOWN <u>RURAL - JEFFERSON TWP</u> c. LENGTH OF STAY (In this place) <u>15 YRS.</u>		c. CITY OR TOWN <u>RURAL - JEFFERSON TWP</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. 2, HUNNEWELL</u>		e. STREET ADDRESS <u>R.F.D. 2, HUNNEWELL</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGIA</u>	b. (Middle) <u>YAGER</u>	c. (Last) <u>BOWLYARE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29, 1957</u>
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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>JULY 14, 1883</u>	9. AGE (In years last birthday) <u>73</u> Months <u>11</u> Days <u>15</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
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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>MONROE Co, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>ANDREW J. YAGER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN WILSON</u>	14. NAME OF HUSBAND OR WIFE <u>DYSART BOWLYARE</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>D. J. BOWLYARE</u> ADDRESS <u>CENTRALIA, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>N.K.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c)		<u>N.K.</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>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-12, 1957, to 6-29, 1957, that I last saw the deceased alive, on 6-19, 1957, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Barnett M.D.</u> (Degree or title)	23b. ADDRESS <u>Paris, Mo.</u>	23c. DATE SIGNED <u>7-1-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-2-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-3-57</u>	REGISTRAR'S SIGNATURE <u>Elvie Robertson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakely</u> ADDRESS <u>PARIS, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

2690

4710

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 ..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address ..... **PARIA, MISSOURI**

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.