

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

32384

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McLune-Brooks		Length of stay in lb 6 days	d. STREET ADDRESS (If outside, give location) 112 Clinton Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lottie Middle Beatrice Last Bowerman			4. DATE OF DEATH Month 9 Day 1 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-27-1903	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 10 Days 5 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lawrence Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Guy Gericke			14. MOTHER'S MAIDEN NAME Maggie Bridges		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.		17. INFORMANT Address Don Bowerman Miller Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast					INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coronary Type Heart Disease.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 170X			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-15-57 to 4-1-57 and last saw her alive on 9-1-57 Death occurred at 5:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leah A. Birme M.D.			22b. ADDRESS 121 West 4 th - Carthage, Mo.		22c. DATE SIGNED 9-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-4-1957	23c. NAME OF CEMETERY OR CREMATORY Scymore		23d. LOCATION (City, town, or county) (State) N.E. of Miller Mo.
24. FUNERAL DIRECTOR B.P. Leiman Miller Mo.		ADDRESS Miller Mo.	25. DATE RECD. BY LOCAL REG. 9-13-57	26. REGISTRAR'S SIGNATURE Ely Clinton	

(Licensed Embalmer's Statement on Reverse Side)

County File Number 57-9-787
Date Filed SEP 23 1958

JUL 18 1958

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 *S. R. Leiman*.....

Licensed Embalmer No. 32

P. O. Address *Miller*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.