

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43371

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5005 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Mo</i>		b. COUNTY <i>Madison</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lafayette-Pettis Twp</i>		c. CITY OR TOWN <i>LAFAYETTE</i>		d. Is Residence within limits of city or incorporated town? No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <i>30 yrs</i>		e. STREET ADDRESS (If rural, give location) <i>0610</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Courtesy of Kirksville Hospital July 63</i>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>Alva</i>	b. (Middle) <i>L.</i>	c. (Last) <i>Bowen</i>	(Month) <i>12</i>	(Day) <i>12</i>	(Year) <i>1957</i>

5. SEX <i>M.</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-11-1903</i>	9. AGE (In years last birthday) <i>54</i>	IF UNDER 1 YEAR Months <i>11</i>	IF UNDER 1 YEAR Days <i>1</i>	IF UNDER 1 HRS. Hours <i></i>	Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Knott Co.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		

13a. FATHER'S NAME <i>L. L. Bowen</i>	13b. MOTHER'S MAIDEN NAME <i>Kuper</i>	14. NAME OF HUSBAND OR WIFE <i>Maxine Bowen</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>498-01-0984</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Maxine Bowen</i>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bacchozonia Co. of Rt Lung. 9 mo</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>invasion of mediastinum,</i>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>infection of lung, Chest Wall</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>J.P. of lung,</i>		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>162xA</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 *May 5, 1957* to *Dec 12, 1957*, that I last saw the deceased alive on *Dec 9, 1957*, and that death occurred at *11:30 am* from the causes and on the date stated above.

23a. SIGNATURE <i>L. Anderson</i> (Degree or title) <i>Attorney</i>	23b. ADDRESS <i>Mo</i>	23c. DATE SIGNED <i>12-14-57</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>12-14-57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Clarence Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Clarence Mo</i>
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DATE REC'D BY LOCAL REG. <i>12-18-1957</i>	REGISTRAR'S SIGNATURE <i>James W. Rathb</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>D. Schuster</i>	ADDRESS <i>Fa. Plata Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

535

JAN 9 1958

JAN 9 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 *D. S. Christie*.....

Licensed Embalmer No. *1109*.....

P. O. Address *La Plata, Md.*.....

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.