

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1012**

FILED FEB 3 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5459** Registrar's No. **460**

1. PLACE OF DEATH a. COUNTY <b>Dreene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dreene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bois D'Arc</b>		c. CITY OR TOWN <b>Bois D'Arc</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>55 years</b>		e. STREET ADDRESS (If rural, give location) <b>R1 0370</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HEATH</b> b. (Middle) <b>(none)</b> c. (Last) <b>BOWLING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 11-1958</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 4-1880</b>	9. AGE (In years last birthday) <b>77</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	11. BIRTH PLACE (City and State or foreign Country) <b>Rushville, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Albert Bowling</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Bowling</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clara Bowling</b>	ADDRESS <b>R1 Bois D'Arc - Mo.</b>
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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 complications which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		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) <b>Arteriosclerotic Fibrosis in ventricles</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	20. AUTOPSY? <b>2</b> 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) <b>4201</b> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **10-21-1957**, to **1-11-1958**, that I last saw the deceased alive on **1-7-1958**, and that death occurred at **12:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. C. Melton M.D.</b> (Degree or title)	23b. ADDRESS <b>Republic, Mo.</b>	23c. DATE SIGNED <b>1-28-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-13-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Johns Chapel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ash Grove - Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-29-58</b>	REGISTRAR'S SIGNATURE <b>Effie B. Melton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bruce - Daniel - Ash Grove - Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Douglas L. Sauer*

Licensed Embalmer No..... 4

P. O. Address..... *Old Grove*

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.