

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2518

STATE FILE NUMBER

FILED JAN 21 1958

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bonne Terre Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Length of stay in 1b 7 mos.		d. STREET ADDRESS 312 W Johnson (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ROBERT NELSON BOWEN First Middle Last			4. DATE OF DEATH Jan. 14, 1958 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6, 1902	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR 5 Months 10 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Manf. Supt.	10b. KIND OF BUSINESS OR INDUSTRY Shoe Manf.	11. BIRTHPLACE (City and state or country) Newport, N. H.	12. CITIZEN OF WHAT COUNTRY? U S A
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13. FATHER'S NAME B. H. Bowen	14. MOTHER'S MAIDEN NAME Myrtle Bowen
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 341-10-8577	17. INFORMANT Wm. J. Banks Address Webster Groves, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 6 hours.
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) 4201
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	

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 4201 COUNTY STATE
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21. I attended the deceased from 1/13/58 to 1/14/58 and last saw him alive on 1/14/58
Death occurred at 12:50 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm. J. Banks M.D.	22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 1/14/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-16-1958	23c. NAME OF CEMETERY OR CREMATORY Kane Cemetery	23d. LOCATION (City, town, or county) (State) Kane, Illinois
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24. FUNERAL DIRECTOR Boyer-Benham FH ADDRESS Bonne Terre, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 14, 1958	26. REGISTRAR'S SIGNATURE Ether Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare and Public Service
 300-56
 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

APR 15 1958

JAN 23 1958
FEB 5 1958
JAN 24 1958
JAN 22 1958

MAY 23 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 *A. B. T. Boyer*

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

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.