

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006252  
State File No. ....

FILED FEB 17 1958

BIRTH NO. ....		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4263</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Knox</u>				a. STATE <u>Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Novelty</u>				b. COUNTY <u>Knox</u>			
c. LENGTH OF STAY (In this place) <u>10 yrs</u>				c. CITY OR TOWN <u>Novelty</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>James</u>		b. (Middle) <u>Victor</u>		c. (Last) <u>Bowen</u>		Feb 11, 1958	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Aug 19, 1878</u>	
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>Housewife</u>		9. AGE (In years) last birthday <u>78</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Missouri</u>	
13a. FATHER'S NAME <u>James Polk Bowen</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Nickell</u>		14. NAME OF HUSBAND OR WIFE <u>Vertie May Bowen</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glen Sadler</u>		ADDRESS <u>Kansas City, Mo</u>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1956</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>				Feb 11, 1958			
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			
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) <u>4201</u>		20. AUTOPSY? <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Feb 10</u> , 1958, to <u>Feb 11</u> , 1958, that I last saw the deceased alive on <u>Feb 10</u> , 1958, and that death occurred at <u>5 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. D. Holmes</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Novelty, Mo</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>13-Feb-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) <u>La Plata, Missouri</u> (State)	
DATE REC'D BY LOCAL REG. <u>Feb-12</u>		REGISTRAR'S SIGNATURE <u>Helle S. Humolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. D. Holmes</u>		ADDRESS <u>Edina, Mo</u>	

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

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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. S. Primer*

Licensed Embalmer No. *504*

P. O. Address *Edina, Minn.*

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.