Health, Welfare Public Service

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0-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017168
STATE FILE NUMBER

FILED MAY 12 1958 Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY OR TOWN Mtn Grove (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mtn Grove Rest Home Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Mo. b. COUNTY Wright
c. CITY OR TOWN Mtn Grove Inside Limits Yes ☒ No ☒
d. STREET ADDRESS 114 D (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First TINA Middle Last BOWLIN

4. DATE OF DEATH Month 4 Day 20 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 6, 1882
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 0 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Wright Co. Mo
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Francis Barnes
13b. MOTHER'S MAIDEN NAME Berry
14. NAME OF HUSBAND OR WIFE Noah Bowlin

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. No
17. INFORMANT Herbert Bowlin Address Mtn Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis with Myocardial Infarction
DUE TO (c) Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb - '58 to April 20, '58 and last saw her/him alive on April 19, 1958
Death occurred at 7:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard E. Mitchum (Degree or title) D.O.
22b. ADDRESS Mtn. Grove, Mo
22c. DATE SIGNED 4-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-24-58
23c. NAME OF CEMETERY OR CREMATORY Vanzant
23d. LOCATION (City, town, or county) Vanzant (State) Mo.

24. FUNERAL DIRECTOR Grable-Windle
ADDRESS Mtn Grove Mo
25. DATE RECD. BY LOCAL REG. 4-29-58
26. REGISTRAR'S SIGNATURE A.B. Aimes

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED May 1, 1958
WRIGHT CO. HEALTH DEPT.
County File Number 558-38
Date Filed May 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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Mtn. Grove, Mo

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.