

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021431  
State File No. ....

FILED JUN 20 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY OR TOWN <u>Clay Rural</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Hammersville</u> e. STREET ADDRESS <u>Sum Hill</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or Print)	a. (First) <u>DON.</u>	b. (Middle) <u>ALBERT.</u>	c. (Last) <u>BOWLES.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-6-1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>2/5/1940.</u>	9. AGE (In years last birthday) <u>18.</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u>	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drug Store operator or sales</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Hammersville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John E. Bowles</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs Essie Wall</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-40-3792</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Essie Bowles</u>	ADDRESS <u>Hammersville Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Hemorrhage - Fractured Neck</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-way 164 near Rives</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>035 Dunklin Mo.</u>
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21d. TIME OF INJURY <u>6-6-58 (2a.m.)</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Was run over by a car.</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quinton Garrison, M.D., Coroner</u>	23b. ADDRESS <u>Hammersville Mo.</u>	23c. DATE SIGNED <u>6-10-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>6/9/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hammersville</u>	24d. LOCATION (City, town, or county) (State) <u>Hammersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-11-58</u>	REGISTRAR'S SIGNATURE <u>Sue Alenske</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Paul Janssen</u>	ADDRESS <u>arts</u>
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RECEIVED DUNKLIN COUNTY  
DEPARTMENT 6-14  
COUNTY FILE NUMBER 68

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 *W.T. Emerson*.....

Licensed Embalmer No. 352

P. O. Address *Jamaica*

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.