

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021705

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 832

Health, Welfare, Public Service
300
1-56
0420
All the symptoms were as listed. All 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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Windsor 6420
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Length of stay in 1b 66 yrs	d. STREET ADDRESS (If outside, give location) 118 North Street
3. NAME OF DECEASED (Type or print) First John Middle Cecil Last Bowen			4. DATE OF DEATH Month June Day 16 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 29, 1892
9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	11. BIRTHPLACE (City and state or country) Windsor, Missouri	12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME J. T. Bowen		14. MOTHER'S MAIDEN NAME Nellie Douglas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. World War II 499-07-4404A	17. INFORMANT Mrs. J. T. Bowen, Windsor, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Metastatic Carcinoma DUE TO (c) Carcinoma of Prostate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Carcinoma Not Proved by Autopsy			INTERVAL BETWEEN ONSET AND DEATH 177X 48 hrs 2 yrs 6 yrs 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 form 18.)		
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	COUNTY STATE
21. I attended the deceased from 13 May 1958 to 16 June 1958 and last saw him alive on 16 June 1958. Death occurred at 10:30 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William J. Smith		22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 6/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 18, '58	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetary	23d. LOCATION (City, town, or county) (State) Windsor, Missouri
24. FUNERAL DIRECTOR Ellis Huston	ADDRESS Windsor, Mo.	25. DATE RECD. BY LOCAL REG. 6-28-58	26. REGISTRAR'S SIGNATURE Mildred Bigum

JUN 30 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 *Ellen M. Hinton*

Licensed Embalmer No. *331*

P. O. Address *Memphis*

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.