

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024609

STATE FILE NUMBER

FILED AUG 11 1958

42

1000

Registrar's No. 829

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Bolckow 0026</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rosenthal Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>NONE</u>	
Length of stay in lb <u>11 days</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Elizabeth</u> Last <u>Bowman</u>		4. DATE OF DEATH Month <u>August</u> Day <u>2</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>October 13, 1872</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>None</u>	
11. BIRTHPLACE (City and state or country) <u>Nodaway County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert Waugh</u>		14. MOTHER'S MARRIED NAME <u>Elizabeth Davis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mrs. Ethel Elkins</u>		Address <u>Maryville, Mo.</u>	
18. CAUSE OF DEATH [Enter only one code per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic heart disease</u> DUE TO (b) <u>C. con. failure</u> DUE TO (c) <u>2 yrs.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Fractured L+R hip 4200F</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ <u>2</u>			
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Patient fell on rug</u>	
20c. TIME OF INJURY Hour <u>7:00</u> p. m. Month, Day, Year <u>7/23/58</u>			
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.) <u>at home</u>	
20f. CITY, TOWN, OR LOCATION <u>Bolckow - Andrew - Missouri</u>		COUNTY STATE	
21. I attended the deceased from <u>7-1-58</u> to <u>8-2-58</u> and last saw her alive on <u>8-1-58</u> Death occurred at <u>9:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Whelan C Baker M.D.</u>		22b. ADDRESS <u>Savannah, Mo.</u>	
22c. DATE SIGNED <u>8-2-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>August 4, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bolckow Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bolckow, Mo.</u>	
24. FUNERAL DIRECTOR <u>Wm A Rich</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 2, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Wm Clark Haskell</u>			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

4
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

MEDICAL CERTIFICATION

554

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.....
Licensed Embalmer No. 47

P. O. Address.....

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.