

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028018
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 366 Primary Registration District No. 4536 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Potosi</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Potosi 1100</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>302 Hawthorn</i>		Length of stay in 1b <i>5 years</i>	d. STREET ADDRESS (If outside, give location) <i>302 Hawthorn</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Mary Fannie Bowling</i>			4. DATE OF DEATH Month Day Year <i>July 18 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 23-1889</i>
9. AGE (years) (last birthday) IF UNDER 1 YEAR Months Days Hours Min. <i>68 7 25</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (City and state or country) <i>Madison Co. Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Walter Bernia</i>	
13b. MOTHER'S M maiden name <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year not known) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Maud Wells Potosi Mo.</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>medullary Failure Embolus Cerebrum</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cardiac mural Thrombus Formation + Thrombotic myocardial infarction</i>			
DUE TO (c) <i>Arteriosclerosis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <i>6/15/58</i> to <i>7/18/58</i> and last saw her ^{her} _{him} alive on <i>7/18/58</i> Death occurred at <i>16-20 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Sam J. Dason D.O. 2</i>		22b. ADDRESS <i>211 E. High Potosi Mo.</i>	
		22c. DATE SIGNED <i>7/22/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>7-20-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Big River Cem. St. Francis Co. Mo.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Francis Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>Mr. Luther Sparks Potosi Mo.</i>		25. DATE REC'D. BY LOCAL REG. <i>7/22/58</i>	
ADDRESS <i>Potosi Mo.</i>		26. REGISTRAR'S SIGNATURE <i>Alvin Kudall</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Murphy L Sparks*

Licensed Embalmer No. *H 236*

P. O. Address *St. Paul River*

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.