

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032209

STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 94 Primary Registration District No. 5379 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherman</u>		c. CITY OR TOWN <u>Union Star</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>West</u>	

3. NAME OF DECEASED (Type or print) First <u>Ward</u> Middle <u>-</u> Last <u>Bowen</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>58</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 16, 1894</u>	9. AGE (In years last birthday) <u>64</u>	FUNDER 1 YEAR Months <u>0</u> Days <u>32</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hatchery, chicken</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bowen Hatchery</u>	11. BIRTHPLACE (City and state or country) <u>DeKalb Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Frank Bowen</u>	13b. MOTHER'S MAIDEN NAME <u>Gertie Hudson</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Bowen</u>
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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>496-42-2271</u>	17. INFORMANT <u>Mary Bowen</u> Address <u>Union Star, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed chest, rt. side</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Upset tractor on farm, accident</u>	
	DUE TO (c) <u>internal injuries</u>	
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 checked="" 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.) <u>Tractor Overturned</u>
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20c. TIME OF INJURY Hour <u>9:30</u> a.m. <u>9</u> p.m. <u>20</u> Month, Day, Year <u>58</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>	20f. CITY, TOWN, OR LOCATION <u>St. House</u>	COUNTY <u>DeKalb</u> STATE <u>Mo</u>
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20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Ward Bowen</u> (Degree or title) <u>3</u>	22b. ADDRESS <u>Marysville Mo</u>	22c. DATE SIGNED <u>9-23-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 23, 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>	23d. LOCATION (City, town, or county) (State) <u>Union Star, Missouri</u>
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24. FUNERAL DIRECTOR <u>Roland D Clark</u> ADDRESS <u>King City Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-20-58</u>	26. REGISTRAR'S SIGNATURE <u>Robert W. Brown</u>
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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

300

1-57

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 *Poland W. Clark*

Licensed Embalmer No. *4477*

P. O. Address *Kearney City, 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.