

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033601
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARSTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MARSTON</u> 0720 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BILLIE GAIL BOWEN</u>		4. DATE OF DEATH Month Day Year <u>SEPT. 15, 1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 11, 1954</u>
9. AGE (In years last birthday) <u>4</u>		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>PORTAGEVILLE MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>W. W. BOWEN</u>	
13b. MOTHER'S MAIDEN NAME <u>MARCEL HORNBERG</u>		14. NAME OF HUSBAND OR WIFE	
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>MARCEL BOWEN</u> Address <u>MARSTON, MO.</u>
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>DROWNING</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>While in Bath tub at Home</u> DUE TO (c) <u>9290 22</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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>DROWNED WHILE IN BATH TUB</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>3:30 p.m. Sept. 15-58</u>		20d. PLACE OF INJURY (e.g., in or about home, job, factory, street, office bldg., etc.) <u>HOME</u>	
20e. CITY, TOWN, OR LOCATION <u>MARSTON</u>		20f. COUNTY <u>NEW MADRID</u> STATE <u>MO.</u>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ <u>3:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Geo. Reddymanth Coroner</u>		22b. ADDRESS <u>New Madrid, Mo.</u>	
22c. DATE SIGNED <u>SEPT. 16-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-17-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>DELISE FUNERAL PARLOR PORTAGEVILLE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-58</u>	
		26. REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

SEP 30 1958

DATE RECEIVED SEP 30 1958
NEW MADRID CO. HEALTH CENTER

P. G. S.

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 Joseph A. Stephens

Licensed Embalmer No. 4481

P. O. Address PORTAGEVILLE

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.