

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041316

STATE FILE NUMBER  
10575

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10575

300  
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		Length of stay in lb 3 Days	d. STREET ADDRESS (If outside, give location) 31 627 Pine, St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Velma Louise Bower			4. DATE OF DEATH Month Day Year Nov. 2, 1958		
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10, 1907	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). International Shoe Factory		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clarence, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George L. Melson		13b. MOTHER'S MAIDEN NAME Lula Ballinger		14. NAME OF HUSBAND OR WIFE L. H. Bower	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mr. L. H. Bower, Hannibal, 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) Hemorrhagic softening of the Brain Fractured Skull. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) E 900.0 DUE TO (c) 21					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) suffered when decaided fell down on several step at home on October 30, 1958 about 9:45 p.m.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) fell down on several step at home on October 30, 1958 about 9:45 p.m.			
20c. TIME OF INJURY Hour Month, Day, Year 9:45 p.m. 10 30 58		20d. PLACE OF INJURY (e.g., in or about home, farm, school, street, office bldg., etc.) 31 Home			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Hannibal		COUNTY Mo.	STATE
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James M. Kelly, Deputy			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-3-58	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park Cem.		23d. LOCATION (City, town, or county) (State) Hannibal, Missouri.	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. NOV 5 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M.D.B.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 20 1959

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 *Eaton Remelius* .....

Licensed Embalmer No. *4283* .....

P. O. Address *St. Louis, 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.