

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004951
STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 21 Primary Registration District No. 1117 Registrar's No. 1117

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>RAUSTOWN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cuba</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Washington</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Ada Virginia Lodge</u>			4. DATE OF DEATH Month Day Year <u>3-7-1959</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-22-1873</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>85</u> Months Days Hours Min. <u>10 15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	10c. BIRTHPLACE (City and state or country) <u>Iowa</u>
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bowser</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hoy</u>	
14. NAME OF HUSBAND OR WIFE <u>Thos A. (deceased)</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>Miss Thelma Dodge, Cuba, 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>CARDIAC DEGENERATION</u> DUE TO (b) <u>SENILITY</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>422.2.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>MONTHS</u>
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.) <u>422.2.</u>		20c. TIME OF INJURY Hour Month, Day, Year o.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		20g. COUNTY STATE	
21. I attended the deceased from <u>11-3-57</u> , to <u>3-7-59</u> and last saw her/him alive on <u>3-6-59</u> Death occurred at <u>6:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Dr. J. L. Langan</u>	
22b. ADDRESS <u>Cuba - Missouri</u>		22c. DATE SIGNED <u>3-8-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-9-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>	
24. FUNERAL DIRECTOR <u>Carl J. Stambler</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Carl J. Stambler</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

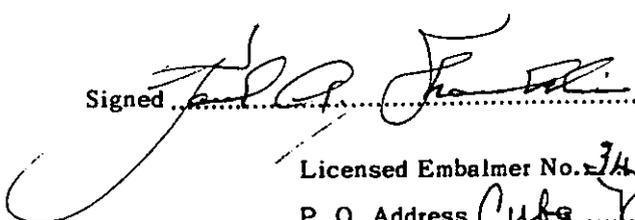
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. 3472

P. O. Address Cuba, 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.