

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009148
STATE FILE NUMBER

FILED MAR 31 1959 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 39

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| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Bethany</u> TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Bethany</u> ⁰⁴¹⁶ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reid Hospital</u> | | Length of stay in lb <u>2 da.</u> | d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Francis Bowles</u> | | | 4. DATE OF DEATH Month Day Year <u>Mar. 21, 1959</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec. 29, 1882</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>Harrison Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>George Bowles</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Jenkins</u> | 14. NAME OF HUSBAND OR WIFE <u>Eva Bowles Dec.</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>497-40-6051</u> | 17. INFORMANT <u>Rosothy Baker 823 Franklin Street</u> Address <u>St. Joseph, 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>Lymphocytic Leukemia.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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>2040</u> |

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| 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.) |
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| 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 |
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| 21. I attended the deceased from <u>11-21-58</u> , to <u>3-21-59</u> and last saw him ^{alive} on <u>3-21-59</u> Death occurred at <u>8:40 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>G. M. Huest</u> (Degree or title) <u>D.O. 2</u> | 22b. ADDRESS <u>Bethany, Mo.</u> | 22c. DATE SIGNED <u>3-23-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Mar 24, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Blythdale, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Gerald W. Boggess, Eagleville, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>3-24-1959</u> | 26. REGISTRAR'S SIGNATURE <u>Jella Maxey</u> |
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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 *Lerald W. Boyers*

Licensed Embalmer No. *4762*

P. O. Address *Eagle Hill, W.*

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.