

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033364

FILED VS SEP 22 1959 290

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 107

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski c. CITY OR TOWN Richland, Mo. d. STREET ADDRESS (If outside, give location) Rural Rt. # 2.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Township		Length of stay in lb Life.		Inside Limits Yes ☐ No ☐		Reside on Farm Yes ☒ No ☐	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION None.							
3. NAME OF DECEASED (Type or print) First James. Middle H. Last Bowling.				4. DATE OF DEATH Month Sept. Day 6, Year 1959			
5. SEX Male	6. COLOR OR RACE White.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1/8/1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Sawmill Operator.		11. BIRTHPLACE (City and state or country) Richland, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Daniel Bowling.		13b. MOTHER'S MAIDEN NAME Lavina. Ballard.		14. NAME OF HUSBAND OR WIFE Ellen S. Bowling.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None.		17. INFORMANT Address Rural Rt. #2 Mrs. Ellen Bowling. Richland, 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) Heart failure, right, acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. hypertension chronic DUE TO (b) hypertension chronic DUE TO (c) hypertension chronic PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. hypertension chronic				INTERVAL BETWEEN ONSET AND DEATH 4 hours years. 5 years.			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 4:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] M.D.				22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 9/9/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/9/59		23c. NAME OF CEMETERY OR CREMATORY Berean Cemetery		23d. LOCATION (City, town, or county) (State) Richland, Mo. Rural.	
24. FUNERAL DIRECTOR Hodges Funeral Home		ADDRESS Richland, Mo.		25. DATE RECD. BY LOCAL REG. 9-9-59		26. REGISTRAR'S SIGNATURE [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0551 2 2 275

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Clarence Sherr

Licensed Embalmer No. 4896

P. O. Address Weymouth

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.