

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006750

FILED VS MAR 2 1960

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 56

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie | | Length of stay in 1b 3 1/2 Mo. | c. CITY OR TOWN Grain Valley Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS Route 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) Lucy Bowling | First Lucy | Middle Bowling | Last Bowling | 4. DATE OF DEATH Month February Day 23 Year 1960 |
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|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|----------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/31/1875 | 9. AGE (last birthday) 85 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and state or country) Napoleon, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME J.W. BOWLING | 13b. MOTHER'S MAIDEN NAME ELIZABETH HEDRICH | 14. NAME OF HUSBAND OR WIFE NONE |
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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) No | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT Herbert Bowling Sr. Sibley mo | Address |
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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) arteriosclerotic heart disease DUE TO (b) generalized arteriosclerosis DUE TO (c) --- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <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 11-6-59 to 2-23-60 | COUNTY | STATE |
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| 21. I attended the deceased from 10:25 P. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 10:25 P. on the date stated above, and to the best of my knowledge, from the causes stated. | and last saw her/him alive on 2-23-60 |
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| 22a. SIGNATURE Herbert Bowling Sr. (Degree or title) | 22b. ADDRESS --- | 22c. DATE SIGNED 2/24/60 (State) |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/25/60 | 23c. NAME OF CEMETERY OR CREMATORY Buchner | 23d. LOCATION (City, town, or county) Buchner mo | 23e. REGISTRAR'S SIGNATURE --- |
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| 24. FUNERAL DIRECTOR Peppert | ADDRESS Buchner mo | 25. DATE RECD. BY LOCAL REG. 2/25/60 | 26. REGISTRAR'S SIGNATURE --- |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Charles H. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.