

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-013809

ENDED

Registration District No. 323

Primary Registration District No. 4480

Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shelton</u>		c. CITY OR TOWN <u>Queen City, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Helen of Rest Nursing Home</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>18 months</u>		Inside Limits Yes ☒ No ☐	
		Reside on Farm Yes ☐ No ☐	

3. NAME OF DECEASED (Type or print) First <u>FOREST</u> Middle <u>DAVE</u> Last <u>BOWEN</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>20</u> Year <u>60</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>2-9-1869</u>
9. AGE (last birthday) <u>93</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO.</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	

13a. FATHER'S NAME <u>James Bennett</u>		13b. MOTHER'S MAIDEN NAME <u>Ma. Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Bowen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT <u>Dollie Bowen Queen City 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>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
DUE TO (b) <u>Cerebral Thrombosis</u>		<u>15 mo.</u>	
DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>15 yrs.</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition in PART I (a) <u>Atherosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
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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 <u>_____</u> a.m. <u>_____</u> p.m. <u>_____</u> Month, Day, Year <u>8/23/50</u>			

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.) <u>8/23/50</u>	20f. CITY, TOWN, OR LOCATION <u>3/20/60</u>	COUNTY <u>3/18/60</u>	STATE <u>_____</u>
21. I attended the deceased from <u>8/23/50</u> to <u>3/20/60</u> and last saw her alive on <u>3/18/60</u> Death occurred at <u>8:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Edward H. Roberts</u> (Degree <u>MD.</u>)		22b. ADDRESS <u>Queen City, Mo.</u>		22c. DATE SIGNED <u>3/21/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-22-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Queen City</u>	23d. LOCATION (City, town, or county) <u>Queen City, Mo.</u>	(State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Frank Webb</u> ADDRESS <u>Queen City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-24-60</u>	26. REGISTRAR'S SIGNATURE <u>Edna R. J. Drake</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

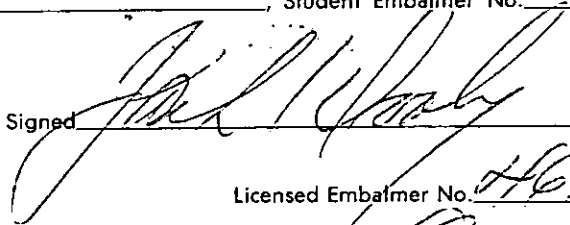
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 461

P. O. Address Queen City

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.