

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-013820

FILED VS MAR 17 1960

Registration District No. 233 Primary Registration District No. 3074 Registrar's No. 70 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Scott Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston, Missouri</u>		c. CITY OR TOWN <u>Sikeston, Mo.</u>	
Length of stay in lb <u>10 years</u>		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>640 Dorothy St.</u>		d. STREET ADDRESS (If outside, give location) <u>640 Dorothy St.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>OGLE</u> Middle <u>LEON</u> Last <u>BOWLING</u>			4. DATE OF DEATH Month <u>March</u> Day <u>4</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-25-36</u>	9. AGE (last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Sikeston, Mo. Scott</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ogle Earnest Bowling</u>		13b. MOTHER'S MAIDEN NAME <u>Aladine Bird</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Ogle Earnest Bowling</u>	Address
--	--	--	---------

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>ASPHYXIAATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 HR.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>MUCOUS PLUG.</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>1. CEREBRAL PALSY</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year	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 COUNTY STATE

21. I attended the deceased from PN MARCH 4 1960 to _____ and last saw her/him alive on _____
Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Andrew B Smith MD</u> (Degree or title)	22b. ADDRESS <u>Sikeston, Mo</u>	22c. DATE SIGNED <u>3-9-60</u>
--	-------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-6-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Garden of Memories</u>	23d. LOCATION (City, town, or county) (State) <u>Sikeston, Scott, Mo.</u>
--	------------------------------	---	--

24. FUNERAL DIRECTOR <u>Edward E. Nunnelee</u>	ADDRESS <u>Nunnelee Funeral Chapel, Sikeston, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>
---	--	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

X

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Silverton, N.J.

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.