

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018599

FILED VS. MAY 17 1960 53

3010

190

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cape Girardeau</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		Length of stay in 1b <i>30 days</i>		c. CITY OR TOWN <i>Oak Ridge</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Room of Rest N. Home</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM ANDREW BOWERS</i>				4. DATE OF DEATH Month Day Year <i>May 1 - 1960</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Dec 12, 1870</i>		9. AGE (last birthday) <i>89</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY					
<i>Farmer & County Officer</i>				<i>Retired</i>		<i>Oak Ridge</i>		<i>U.S.A.</i>					
13a. FATHER'S NAME <i>James A. Bowers</i>				13b. MOTHER'S MAIDEN NAME <i>Lessaphine Miller</i>				14. NAME OF HUSBAND OR WIFE <i>Eva Bowers</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Verne D. Bowers, Jackson Mo</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart failure</i>										INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____											
		DUE TO (c) <i>pulmonary tuberculosis</i>								<i>? yrs</i>			
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <i>May 1, 1960</i> to <i>May 1, 1960</i> and last saw him alive on <i>May 1, 1960</i> Death occurred at <i>11 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>George W. England D.D.</i>						22b. ADDRESS <i>46 N Main Cape Girardeau Mo</i>			22c. DATE SIGNED <i>May 2, 1960</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)						
<i>Burial</i>		<i>May 3, 1960</i>		<i>Goshen</i>			<i>Oak Ridge Mo</i>						
24. FUNERAL DIRECTOR <i>A Miller, Jackson Mo</i>				ADDRESS		25. DATE RECD. BY LOCAL REG. <i>5-9-1960</i>		26. REGISTRAR'S SIGNATURE <i>Irene Kasten</i>					

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 *Gene O'Connell*

Licensed Embalmer No. 432

P. O. Address *Jacksonville*

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.