

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045582

DEC 27 1960

INDEXED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 103

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in lb 6 months		c. CITY OR TOWN Salem		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West 5th		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) West 5th		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) Jesse Walter Bowers				4. DATE OF DEATH Month Dec Day 19 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7-23-89	9. AGE (last birthday) 71	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, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Dent Co Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Andrew Bowers		13b. MOTHER'S MAIDEN NAME Sarah Nail		14. NAME OF HUSBAND OR WIFE Clara Freeman			
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. 490 38 9295		17. INFORMANT Address Mrs Arthur Johnson Pine Lawn 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) Acute coronary occlusion (not seen alive) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: Investigated by Dr. H.B. Powell, Coroner DUE TO (b) _____ DUE TO (c) _____						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. ☐ Yes ☐ No ☐ Unknown	
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 him alive on _____ Death occurred at 3 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Mark Ward Local Registrar				22b. ADDRESS Salem Missouri		22c. DATE SIGNED 12/20/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-21-60		23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		23d. LOCATION (City, town, or county) (State) Salem Mo	
24. FUNERAL DIRECTOR Spencer Funeral Home Inc		ADDRESS		25. DATE RECD. BY LOCAL REG. 12/20/60		26. REGISTRAR'S SIGNATURE M. M. Ward M. S. [Signature]	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 8
1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 23

P. O. Address _____

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