MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1961

-61-007416
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 76

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
4	March 19, 1961	March 19, 1960	4/14/61

BY AFFIDAVIT OF Attending Physician DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Kirksville Osteopathic
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 111 E. Buchanan
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: H arold Middle: Wilson Last: Bowls
4. DATE OF DEATH: Month: March Day: 19, Year: 1961 ~~1960~~
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-24-00
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Post Office Employee
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office
11. BIRTHPLACE (City and state or country): LaBelle, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John Thomas Bowls
13b. MOTHER'S MAIDEN NAME: Lillie O. Wilson
14. NAME OF HUSBAND OR WIFE: Dora Iren Dudgeon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): none XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Dora Bowls Address: 111 E. Buchanan Kirksville, Mo

MEDICAL CERTIFICATION

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 left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-sclerotic heart disease — 3 years
DUE TO (c):
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 Nov. 5, 1950 to March 19, 1961 and last saw him alive on March 19, 1961
Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard E. Gross, DO.
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 3-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 22, 1961
23c. NAME OF CEMETERY OR CREMATORY: Maple Hills
23d. LOCATION (City, town, or county) (State): Kirksville, Missouri

24. FUNERAL DIRECTOR: Dee Riley Funeral Home ADDRESS: 415 N. Franklin Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 3-22-1961
26. REGISTRAR'S SIGNATURE: Marie W. Ratliff
(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1961

APR 18 1961

HOWARD E. GROSS, D.O.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kirksville, Mo.

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.