

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010319

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. Registrar's No. 107

FILED MAR 29 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Francois</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Leadwood</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>St. Francois</u>
Length of stay in 1b <u>37yrs.</u>		c. CITY OR TOWN <u>Leadwood</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>home</u>		d. STREET ADDRESS <u>603 East</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>William AMOS</u>	Middle <u>Bowen</u>	Last <u>Bowen</u>	Month <u>March</u>	Day <u>18</u>
Year <u>1961</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-23-1890</u>	9. AGE (last birthday) <u>71yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired shovel operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph Lead Co.</u>	11. BIRTHPLACE (City and state or country) <u>Lake Springs, (Phelps Co.) Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Cornelius Bowen</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Deston</u>		14. NAME OF HUSBAND OR WIFE <u>Naomi Bowen</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.		17. INFORMANT <u>Mrs. Naomi Bowen, Leadwood, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS</u>		
DUE TO (b) _____		
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>Tumor of jaw - metastasis to skull</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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			

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 3/10/61 to 3/18/61 and last saw her alive on 3/17/61
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John W. Hunt, MD</u>	(Degree or title)	22b. ADDRESS <u>Leadwood Mo.</u>	22c. DATE SIGNED <u>3/18/61</u>
---	-------------------	-------------------------------------	------------------------------------

23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>March 20, 1961</u>	<u>Leadwood Cemetery</u>	<u>Leadwood, Missouri</u>	

24. FUNERAL DIRECTOR <u>Bert L. Boyer, Leadwood, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Mar. 18, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>
---	---------	--	---

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: Bert L. Boyer

Licensed Embalmer No. 3442

P. O. Address Leadwood 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.