

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021808

STATE FILE NUMBER

AMENDED

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LEWIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LYON TWSP.</b>		c. CITY OR TOWN <b>MONTICELLO</b>	
Length of stay in 1b <b>XXXXXX</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 mi. No. Monticello</b>		d. STREET ADDRESS (If outside, give location) <b>6 mi. No. Monticello</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>MAE</b> Last <b>BOWLS</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>6</b> Year <b>1961</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/11/84</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXXXXXXXXXXX</b>		11. BIRTHPLACE (City and state or country) <b>LA GRANGE, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>WALTER BRISCOE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANN MITCHELL</b>	
14. NAME OF HUSBAND OR WIFE <b>GUY BOWLS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>GUY BOWLS</b>		Address <b>MONTICELLO, MO.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Rectum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 apr 3 1961 to June 6, 1961 and last saw her alive on June 5, 1961  
Death occurred at 4:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Karlo B. Dixon MD</b>	(Degree or title)	22b. ADDRESS <b>Foxy City Mo</b>	22c. DATE SIGNED <b>6/9/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/8/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MONTICELLO</b>	23d. LOCATION (City, town, or county) (State) <b>MONTICELLO, MO.</b>

24. FUNERAL DIRECTOR <b>Charles Arnold H.</b>	ADDRESS <b>LEWISTOWN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>6-15-61</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF-  
ITEM NO. SHOULD READ

**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

*Charles L. Arnold, Jr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.