

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024092

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

709

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED JUL 24 1961

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan																	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 Day		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1416 North 10th St.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>														
3. NAME OF DECEASED (Type or print) First Lillie Middle Bowlin Last Bowlin				4. DATE OF DEATH Month June Day 30 Year 1961																	
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/15/1879		9. AGE (last birthday) 82		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Amazonia, Missouri				11. BIRTHPLACE (City and state or country) U.S.A.				12. CITIZEN OF WHAT COUNTRY U.S.A.									
13a. FATHER'S NAME Jacob Moser				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Mrs. Ida Sheridan St. Joseph, Mo.													
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. None				17. INFORMANT Mrs. Ida Sheridan St. Joseph, Mo.				Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterial hypertension DUE TO (b) Hypertensive heart disease with cardiac decompensation DUE TO (c) diabetes mellitus - uncontrolled Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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												INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 2 yrs.									
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 6-29-61 , to 6-30-61 and last saw ^{her} alive on 6-30-61 Death occurred at 5:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.																					
22a. SIGNATURE J.F. Chiarotino, M.D. (Degree or title)						22b. ADDRESS Des. Bldg. St. Joseph, Mo						22c. DATE SIGNED 7-8-61									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/3/1961		23c. NAME OF CEMETERY OR CREMATORY Memorial Park				23d. LOCATION (City, town, or county) St. Joseph, Missouri				(State)									
24. FUNERAL DIRECTOR Heater-Brown Funeral Home, St. Joseph, Mo.				ADDRESS				25. DATE RECD. BY LOCAL REG. July 17, 1961		26. REGISTRAR'S SIGNATURE Mrs. Clara Goodell											

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

J.F. Chiarotino, M.D. CERTIFICATION

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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.