

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027987

STATE FILE NUMBER

AMENDED

Registration District No. 325 Primary Registration District No. 6098 Registrar's No. 13

FILED AUG 14 1961

## 1. PLACE OF DEATH

a. COUNTY Schuylerb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN N. LibertyLength of stay in lb  
50 yr.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION HomeInside Limits  
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Schuylerc. CITY  
OR TOWN GlenwoodInside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Howard Justice Bowling4. DATE OF DEATH Month Day Year  
August 4, 19615. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH 11-10-18819. AGE (last birthday) 79IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
8 2410a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
farmer10b. KIND OF BUSINESS OR INDUSTRY  
Farming11. BIRTHPLACE (City and state or country)  
Davis County, Iowa12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Amos D. Bowling

## 13b. MOTHER'S MAIDEN NAME

Mary Jane Kinsler

## 14. NAME OF HUSBAND OR WIFE

Jesse Bowling

## 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.

489-42-2075

## 17. INFORMANT

## Address

Mrs. Jesse Bowling, Glenwood, 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)

Congestive heart failureINTERVAL BETWEEN  
ONSET AND DEATH  
2 monthsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Coronary thrombosis3 months

## 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 ☐ Unknown19. 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 1-3-55 to 8-4-61 and last saw <sup>her</sup> him alive on 8-4-61  
Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

N.R. Stokes, D.O.

## 22b. ADDRESS

Lancaster, Mo.

## 22c. DATE SIGNED

8-5-6123a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

8-6-1961

## 23c. NAME OF CEMETERY OR CREMATORY

Arni Memorial Cemetery

## 23d. LOCATION (City, town, or county)

Lancaster, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Norman Funeral Home, Lancaster, Mo.

## 25. DATE RECD. BY LOCAL REG.

August 7, 1961

## 26. REGISTRAR'S SIGNATURE

Florence Shepherd

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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

*David E. Foster*

Licensed Embalmer No.

*4742*

P. O. Address

*Fukunaga, M.*

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.