

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**61-033274**  
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 179

AMENDED

**FILED SEP 20 1961**

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CARTHAGE</b>		c. CITY OR TOWN <b>CARTHAGE,</b>	
Length of stay in 1b <b>1 WEEK</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>MCCUNE BROOKS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>ROUTE 2</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>WILLIAM</b> Last <b>BOWERS</b>			4. DATE OF DEATH Month <b>SEPT.</b> Day <b>10,</b> Year <b>1961</b>		
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5. SEX <b>MALE</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>12/5/89</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAIL CARRIER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>DELIV. U.S. MAIL</b>	11. BIRTHPLACE (City and state or country) <b>JASPER, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JAMES ROBERT BOWERS</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET LILLIAN RANKIN</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. JESSIE ZINN BOWERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	17. INFORMANT <b>MRS. J. W. BOWERS,</b> Address <b>CARTHAGE, MO.</b>
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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>Probable coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arteriosclerotic heart disease</b>		<b>3-4 years.</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) <b>Hemalytic anemia. Two previous coronary thromboses. Diabetes mellitus.</b>	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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 <b>CARTHAGE</b> COUNTY <b>JASPER</b> STATE <b>MO.</b>
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21. I attended the deceased from **6/2/55** to **9/10/61** and last saw her alive on **9/10/61**  
Death occurred at **8:55 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles F. Scheel</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>1515 HAZEL, CARTHAGE, MO.</b>	22c. DATE SIGNED <b>9/11/61</b>
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23a. BURIAL (Cremation, Removal, Speciation) <b>BURIAL</b>	23b. DATE <b>9/13/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PARADISE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>JASPER CO., MO.</b>
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24. FUNERAL DIRECTOR <b>THE ULMER FUNERAL HOME, CARTHAGE, MO.</b> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>9-12-61</b>	26. REGISTRAR'S SIGNATURE <i>Ely Clifton</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE PREPARED

INSTEAD OF

SHOULD READ

ITEM NO.

SEP 21 1967

**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 \_\_\_\_\_

Licensed Embalmer No. 4955

P. O. Address CARTHAGE, 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.