

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036424

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 103

FILED OCT 30 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Dent County		a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meremac typ		c. CITY OR TOWN Salem	
Length of stay in lb 50 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence		d. STREET ADDRESS (If outside, give location) Bixby rt	
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 Middle Last Esco M Bowers			4. DATE OF DEATH Month Day Year October 21 1961
5. SEX male	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 4-2-97
9. AGE (last birthday) 64		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) farmer-trucker		10b. KIND OF BUSINESS OR INDUSTRY Cattle	11. BIRTHPLACE (City and state or country) Dent Co Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Minyard Bowers	
13b. MOTHER'S MAIDEN NAME Betty Dennison		14. NAME OF HUSBAND OR WIFE Mary D Beezley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W W I		16. SOCIAL SECURITY NO.	
17. INFORMANT Minard Bowers		Address Salem Bixby rt Mo	
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 2 hrs.
IMMEDIATE CAUSE (a) acute coronary occlusion			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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.) 1948 (approx.)	20f. CITY, TOWN, OR LOCATION 10-21-61	COUNTY STATE
21. I attended the deceased from 3 P		and last saw him alive on 10-10-61	
Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. D. Luc... (Doctor or title)		22b. ADDRESS Salem Mo	22c. DATE SIGNED 10-23-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct 24-61	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem	23d. LOCATION (City, town, or county) Salem Dent Co Mo (State)
24. FUNERAL DIRECTOR Spencer Funeral Home Inc		25. DATE RECD. BY LOCAL REG. 10-23-61	26. REGISTRAR'S SIGNATURE M. M. Hart, M.A., L. Lic.

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

NOV 2 1961

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 Carl H. Dummer

Licensed Embalmer No. 37

P. O. Address Salem

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.