

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037361

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 504

STATE FILE NUMBER

AMENDED

FILED OCT 31 1961

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JASPER</u>                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>KENTUCKY</u> b. COUNTY <u>BOURBON</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>  |  | Length of stay in lb <u>7 DAYS</u>   | c. CITY OR TOWN <u>RURAL</u>   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>               |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>ROUTE 5, PARIS, KY.</u> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>GARNET GRIFFIN BOWE</u> |  | 4. DATE OF DEATH Month Day Year <u>OCT. 23, 1961</u>   |  |

|  |                           |  |   |   |   |                |
|--|---------------------------|--|---|---|---|----------------|
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-20-06</u>                     | 9. AGE (last birthday) <u>55</u>                                | IF UNDER 1 YEAR Months Days Hours Min.    | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>         |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL CONSTRUCTION</u>  |   | 11. BIRTHPLACE (City and state or country) <u>CARLISLE, KY.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |                |
| 13a. FATHER'S NAME <u>WILLIAM BOWE</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>ERA TAYLOR</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>NONE</u>                         |   |                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> |                           | 16. SOCIAL SECURITY NO. <u>UNK</u>   | 17. INFORMANT Address <u>Topsy Bowe, Paris, Ky.</u> |   |   |                |

|  |  |                                  |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Exsanguination from hemorrhage of gastro-intestinal lesion.</u>                   |  | <u>1 day</u>                     |
| DUE TO (b) <u>Gastro-Intestinal Lesion</u>   |  | <u>(?)</u>                       |
| DUE TO (c) <u>See other side of this form</u>  |  |                                  |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <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 10-10-61 to 10-23-61 and last saw <sup>her</sup>him alive on 10-23-61  
Death occurred at 5:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                  |
|---|--|----------------------------------|
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | 22b. ADDRESS <u>DeTar Clinic 10 Jackson, Joplin, Mo.</u> | 22c. DATE SIGNED <u>10-25-61</u> |
|---|--|----------------------------------|

|   |                           |  |  |
|---|---------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>10-27-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u> | 23d. LOCATION (City, town, or county) <u>JOPLIN, Mo.</u> (State) |
|---|---------------------------|--|--|

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR ADDRESS <u>STEVE PARKER MORT., JOPLIN, MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>10-27-61</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
|---|--|--|

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

This patient was a transient, found unconscious in a pool of blood on 10-19-6. Despite the administration of 10 units of blood and Dextran, along with other supportive measures the patient never regained sufficient mental acuity to enable us to get a history, and we were unable to get him in condition for x-ray investigation or surgical exploration. We were unable to obtain a written permit for autopsy. After his death by telephone conversation with relatives we were given the information that the patient had been diagnosed elsewhere about six months ago as having carcinoma of the stomach.

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.