

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 251Primary Registration District No. 3048Registrar's No. 213STATE FILE NUMBER -61-037869

FILED NOV 13 1961

1. PLACE OF DEATH
a. COUNTY **Nodaway**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Maryville**Length of stay in 1b
3 Days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY **Nodaway**c. CITY OR TOWN **Elmo**Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St Francis**Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
4 M West ElmoReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print) **Marion Walton**First Middle Last
Bowman4. DATE OF DEATH
Month **Nov-2** Day Year **1961**5. SEX
Female M6. COLOR OR RACE
Wh7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1899-269. AGE (last birthday)
81IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
General Farm Work11. BIRTHPLACE (City and state or country)
Missouri12. CITIZEN OF WHAT COUNTRY
U S13a. FATHER'S NAME
F M Bowman13b. MOTHER'S MAIDEN NAME
Georgia Graham14. NAME OF HUSBAND OR WIFE
Viola Bowman15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, **Unknown**) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.
493-42-372017. INFORMANT Address
Mrs Elmer Castillo, Elmo, Missouri18. CAUSE OF DEATH (Enter only one cause by line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebro-vascular accident

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

General & cerebral arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arterio-sclerotic + atherosclerosis

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, Year20d. 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 **10/31/61** to **11/2/61** and last saw her/him alive on **11/1/61**
Death occurred at **10** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
Nov-4-196123c. NAME OF CEMETERY OR CREMATORY
High Prairie Cemetery23d. LOCATION (City, town, or county)
Elmo, Missouri24. FUNERAL DIRECTOR ADDRESS
Tucker Funeral Home, Westboro, Mo25. DATE RECD. BY LOCAL REG.
11 6 6126. REGISTRAR'S SIGNATURE
Blas Holt

(Licensed Embalmer's Statement on Reverse Side)

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 **Asrley R Tucker II**, Student Embalmer No. _____,
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Asrley R Tucker II*

Licensed Embalmer No. **4758**

P. O. Address **Westboro, Missouri**

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.