

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040058

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 101

STATE FILE NUMBER

AMENDED

**FILED DEC 11 1961**

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u>	Length of stay in lb <u>10 minutes</u>	c. CITY OR TOWN <u>Lamar</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barton County Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1407 Grand</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ROBERT</u> Last <u>BOWLING</u>	4. DATE OF DEATH Month <u>December</u> Day <u>8</u> Year <u>1961</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-19-1912</u>	9. AGE (last birthday) <u>49</u>	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) <u>Chief of City Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Street Department</u>	11. BIRTHPLACE (City and state or country) <u>Clayton, New Mexico</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S.A.</u>
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13a. FATHER'S NAME <u>Coy Bowling</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Schoffiner</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Bowling</u>
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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) <u>Yes WW II</u>	17. INFORMANT Address <u>Mrs. W. R. Bowling Lamar, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occpasion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes.</u>
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) <u>None</u>	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 COUNTY _____ STATE _____
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21. I attended the deceased from <u>12-8-61</u> to <u>12-8-61</u> and last saw him alive on <u>12-8-61</u> Death occurred at <u>12:10</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Thomas Canell, M.D.</u>	22b. ADDRESS <u>1204 Gulf St - LAMAR Mo</u>	22c. DATE SIGNED <u>12/9/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 11, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
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24. FUNERAL DIRECTOR <u>Chiles Funeral Home, Lamar, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 9 '61</u>	26. REGISTRAR'S SIGNATURE <u>Marie Kanantz</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

DEC 13 1961

DEC 28 1961

DEC 19 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 James R. Chiles

Licensed Embalmer No. 3473

P. O. Address Sanat 570

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.