SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043100

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3292

FILED NOV 30 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY City

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dent

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 24 days

c. CITY OR TOWN Lake Spring — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) - - - - - - - - - - - - — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle JOSEPH Last BOWLES

4. DATE OF DEATH Month November Day 15, Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/30/1888

9. AGE (last birthday) 73 — 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) Ret. Farmer

10b. KIND OF BUSINESS OR INDUSTRY General Farming

11. BIRTHPLACE (City and state or country) Vienna, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME E. B. Bowles

13b. MOTHER'S MAIDEN NAME Martha L. Hyer

14. NAME OF HUSBAND OR WIFE Majorie Bowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

17. INFORMANT Majorie Bowles Address Lake Spring, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pyogenic Pericarditis — INTERVAL BETWEEN ONSET AND DEATH 2-4 wks.?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cystic Disease - Left Lung — 3-4 yrs.
DUE TO (c)

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. 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, Year

20d. 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 10-21-61 to 11-15-61 and last saw ~~her~~ him alive on 11-14-61

Death occurred at 6:35 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William A. Werner MD

22b. ADDRESS 4401 Hampton, St Louis

22c. DATE SIGNED 11-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11/16/1961

23c. NAME OF CEMETERY OR CREMATORY Lake Spring Cem.

23d. LOCATION (City, town, or county) (State) Lake Spring, Mo.

24. FUNERAL DIRECTOR ADDRESS Carl J. Glenn West 10th st., Rolla, Mo.

25. DATE RECD. BY LOCAL REG. 11-21-61

26. REGISTRAR'S SIGNATURE John C. Murphy Md.

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1961
MAR 7 1962
JUL 12 1962
DEC 6 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 J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.