SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-047649
STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 55

FILED DEC 18 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mtn. Grove — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mtn Grove Rest Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Wright
c. CITY OR TOWN Mtn Grove — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 220 W. 11th St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NOAH Middle FOUNTAIN Last BOWLIN

4. DATE OF DEATH Month Dec. Day 10 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-5-1880
9. AGE (last birthday) 81 — 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
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (City and state or country) Manes, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Bowlin
13b. MOTHER'S MAIDEN NAME Susan Wade
14. NAME OF HUSBAND OR WIFE Tina (Barnes) Bowlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT C. H. Bowlin Address Mtn Grove

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) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH 19.59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Hypertention Not Known
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. ☐ 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 July 1956, to Dec 10 1961 and last saw ~~her~~ him alive on Nov 10 1961
Death occurred at 4:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sel Connor MD
22b. ADDRESS Mountain Grove Mo
22c. DATE SIGNED 12-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-12-61
23c. NAME OF CEMETERY OR CREMATORY Vannant Cemetery
23d. LOCATION (City, town, or county) (State) Vannant, Mo.

24. FUNERAL DIRECTOR Ewell C. Craig ADDRESS Mtn Grove
25. DATE RECD. BY LOCAL REG. 12-12-1961
26. REGISTRAR'S SIGNATURE Bernice L. Silverman

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Everett C. Craig

Signature of Student Embalmer

Licensed Embalmer No. 4766

P. O. Address Mtn Grove

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.