

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003162

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. _____ Registrar's No. 3055

AMENDED

FILED FEB 15 1962

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| 1. PLACE OF DEATH a. COUNTY <u>POLK</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>BOLIVAR</u> | | Length of stay in 1b <u>65 YEARS</u> | c. CITY OR TOWN <u>BOLIVAR</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROSE'S BOARDING HOME</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>EDITH</u> Last <u>BOWSER</u> | | | 4. DATE OF DEATH Month <u>JANUARY</u> Day <u>28</u> Year <u>1962</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 9, 1876</u> | 9. AGE (last birthday) <u>85</u> | IF UNDER 1 YEAR # UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOMEMAKING</u> | 11. BIRTHPLACE (City and state or country) <u>MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>WILLIAM EARLY</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY CUNNINGHAM</u> | 14. NAME OF HUSBAND OR WIFE <u>DECEASED</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>NONE</u> | 17. INFORMANT <u>JOHN E. EARLY</u> Address <u>WISHART MO.</u> | | |

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 VASCULAR ACCIDENT INTERVAL BETWEEN ONSET AND DEATH 12 Hours

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)

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

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| 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 9 AM 28 Jan 62 to 9 PM 28 Jan 62 and last saw her alive on 28 Jan 62
Death occurred at 9:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 22b. ADDRESS <u>108 N. MP. IN BOLIVAR MO.</u> | 22c. DATE SIGNED <u>31 Jan 62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>1-30-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEMETERY</u> | 23d. LOCATION (City, town, or county) <u>BOLIVAR MO.</u> |
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| 24. FUNERAL DIRECTOR <u>Sidney F. Pitts</u> ADDRESS <u>BOLIVAR MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>Feb 5, 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 *Richard J. Pitts*

Licensed Embalmer No. 4939

P. O. Address Boh. Ms.

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.