

FILED FEB 14 1962

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-62-005103

0990

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u> <u>0990</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Scotland Co Community Home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>MARY</u> (Type or Print)		b. (Middle) <u>REED (Maiden)</u> c. (Last) <u>BOWMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>31</u> , <u>1962</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 26, 1884</u>
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) <u>IOWA / Jefferson Township, Lee Co</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Madison Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Gorgas</u>	
14. NAME OF HUSBAND OR WIFE <u>Jack Bowman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>622 07 8091</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank R. Reed Jr. St. Louis</u>		ADDRESS <u>2119 Ave 2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>151X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 4, 1960</u> , to <u>Jan 31, 1962</u> , that I last saw the deceased alive on <u>Jan 30, 1962</u> , and that death occurred at <u>8 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A.M. Keethler D.O.</u> (Degree or title)		23b. ADDRESS <u>Memphis Mo</u>	
23c. DATE SIGNED <u>1-31-62</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-2-62</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Montrose Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Iowa</u>	
DATE REC'D BY LOCAL REG. <u>2-6-62</u>		REGISTRAR'S SIGNATURE <u>Theresa S. Turner</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis R. Hall</u>		ADDRESS <u>2411 Ave 6 Ft. Meade</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-0

*Permit*  
*obtained*  
*Feb 8, 1962*

**STATEMENT BY LICENSED EMBALMER**

by me,

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.

Signed *Oliver L. Luttinger* \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2965* \_\_\_\_\_

P. O. Address *W. W. W. W.* \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply w, comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.