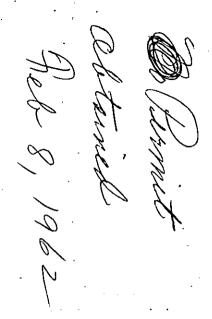
IS		No. 300	FILED FEB 1 4 1962 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH -62-005103
			BIRTH NO REG. DIST. NO. 326 PRIMARY REG. DIST. NO Registrar's No. 61
40		1440	a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTS cotland admission).
1	•	100	b. CITY (If outside corporate limits, write RURAL and give township) OR C. CITY (If outside corporate limits, write BURAL and give township) OR OR
	ŀ	A	Town Memohis 4 yr Town Memphis . 0970 —
7 4 4 6,	-	RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION; Cotland Co Community Home d. STREET ADDRESS (If rural, give location)
T		RE	3. NAME OF a. (First) b. (Middle) c. (Last) 4. DATE (Month) (Day) (Year)
- [Į.	(Type of Print) MARY REED (Maiden) BOWMAN DEATH Jan. 31, 1962
!	N	ANEN	5. SEX F 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) June 26, 1884 9. AGE (In years Months Days Hours Min.
FOLLOWS		PERMANENT	10a. USUAL OCCUPATION (Global to d work done during most of working life, even if retired) Waitress Cafes 10b. Kind of Business or In- DUSTRY Jefferson Township, Lee Co USA
걸 .		H .	Sa. FATHER'S NAME 13b. MOTHER'S MAIDEN HAME 14. NAME OF HUSBAND OR WIFE
요비		₹	Madison Reed Susan Gorgas Jack Bowman
RE AS		MAKE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 11940DRESS NO. 100. or unknown) (If you, give war or dates of service) 522 07 8091.
ORD AR		INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ('arcwowa J Stowae one on the control of the
		CK	*This does not mean ANTECEDENT CAUSES
THIS		BLAC	the mode of dying, such Morbid conditions, if any, giving DUE TO (b)
8 .		·	ease, injury, or complica-
<u>σ</u> ,		DING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
AMENDMENT	• •	UNFADING	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? TION YES NO
AME		SING	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE home, farm, fastory, street, office bidg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		٦	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF WHILE AT NOT WHILE
		LINITA	22. I hereby certify that I attended the deceased from Feb 4, 1960, to fan 31, 1962, that I last saw the deceased alive on fan 30, 1962, and that death occurred at 7 m., from the causes and on the date stated above.
	-	· FILA	23a. SIGNATURE (). M. Thethler L. (P. 23b. ADDRESS Memphis Mo 1-31-62
3	1.	vrite Write	24c. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY (24d. LOCATION (City, town, or county) (State) TON REMOVAL (25d) Urial 2-2-62 Montrose Cem. Montrose lowa
	'	•	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-6-62 Vera S Pulmer Signature ADDRESS 2-1-6-62 Vera S Pulmer Signature 2411 Avel Ft Mal.
l l			(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

by me,

working under my personal supervision.	M V-11 -
	Signed Signed Signed
SignedStudent Embalmer	Licensed Embalmer No. 2965

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

the above constitutes grounds for revocation of license.)