

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-016313

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 29

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ **MAY 15 1962**
 a. COUNTY **Pike**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Pike**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Bowling Green** Length of stay in - 1b. **11 years**

c. CITY OR TOWN **Bowling Green** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **519 W. Centennial** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **519 W. Centennial** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Nancy Elizabeth Bowles**

4. DATE OF DEATH **May 6, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **4-27-72** 9. AGE (last birthday) **90** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **House-keeping** 11. BIRTHPLACE (City and state or country) **Lincoln Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **James Overton Huckstep** 13b. MOTHER'S MAIDEN NAME **Mary Huckstep** 14. NAME OF HUSBAND OR WIFE **Benjamin Bowles**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **Ella Mosby, Bowling Green, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Chronic myocarditis** INTERVAL BETWEEN ONSET AND DEATH **1 year**
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 **8-18-61** to **5-6-62** and last saw her alive on **4-30-62**
 Death occurred at **3:00 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **James B. Briggs, M.D.** 22b. ADDRESS **Bowling Green, Mo** 22c. DATE SIGNED **5-7-62**

23a. BURIAL, CREMATION, or REMOVAL (Specify) **Burial** 23b. DATE **5-8-62** 23c. NAME OF CEMETERY OR CREMATORY **Oak Grove** 23d. LOCATION (City, town, or county) (State) **Eolia, Lincoln, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Harold Kirks, Bowling Green, Mo.** 25. DATE RECD. BY LOCAL REG. **May 7, 1962** 26. REGISTRAR'S SIGNATURE **Maidea E. Williams**

USE BLACK INK OR TYPEWRITER RIBBON

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 Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.