

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026812

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 93

VS 300
Rev. 4/59

0410
2808

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11041

1291-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF BIRTH FILED JUL 30 1962

a. COUNTY Harrison Length of stay in b.

c. CITY OR TOWN Trailcreek Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Sedalia Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Sedalia Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 121 A East 3rd St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Murvel L. Bower

4. DATE OF DEATH Month Day Year July 7 1962

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

8. DATE OF BIRTH 1/6/1909 9. AGE (last birthday) 53

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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Electrical

11. BIRTHPLACE (City and state or country) Mercer Co. Mo. 12. CITIZEN OF WHAT COUNTRY U.S. A.

13a. FATHER'S NAME Samuel Bower 13b. MOTHER'S MAIDEN NAME Clara May Shain 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 17. INFORMANT Patricia Mae Holt, Trenton, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Automobile accident- broken neck INTERVAL BETWEEN ONSET AND DEATH at once

DUE TO (b) Inexperienced driving

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Alcohol

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.) Hit bridge abutment thrown from car-- car

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year turned over on him.

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 to and last saw her/him alive on

Death occurred at about 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Ernest Wood, D. O. Coroner 22b. ADDRESS Bethany, Missouri 22c. DATE SIGNED 7/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 7/10/62 23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery 23d. LOCATION (City, town, or county) (State) Cainsville, Missouri

24. FUNERAL DIRECTOR E. J. Stoklasa, Cainsville, Missouri ADDRESS 25. DATE RECD. BY LOCAL REG. 7-9-62 26. REGISTRAR'S SIGNATURE Jella Moxey

USE BLACK INK OR TYPEWRITER RIBBON

FEB 1 1963

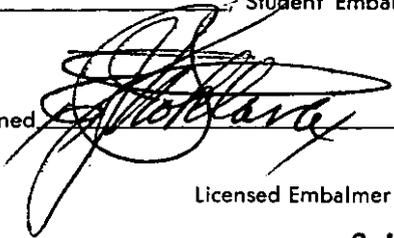
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.