MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-026894
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0470
2 0470
3
4 0
5 3
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7 0
8 2
9 4201
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12 1-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 111

FILED AUG 2 1962

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ironton — Length of stay in Ib: 7 da.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Iron
c. CITY OR TOWN: Arcadia Township — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location): Rd. #21 north of Pilot Knob — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First JOHN Middle WESLEY Last BOWEN
4. DATE OF DEATH: Month July Day 27 Year 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ #
8. DATE OF BIRTH: Feb 13 1904
9. AGE (last birthday): 58 — 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:
11. BIRTHPLACE (City and state or country): Black, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Bowen
13b. MOTHER'S MAIDEN NAME: Laura Belle Asher
14. NAME OF HUSBAND OR WIFE: ##
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Teresa Moore, Address: Inkster, Mich.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Heart Disease — ?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Nephritis, uremia, arteriosclerosis
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 7-21-62, to 7-27-62 and last saw ~~her~~ him alive on 7-27-62
Death occurred at 11.10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. E. Harland Degree or title: M.D.
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 7-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7-29-62
23c. NAME OF CEMETERY OR CREMATORY: Asher Cemetery
23d. LOCATION (City, town, or county) (State): Oats, Missouri.

24. FUNERAL DIRECTOR: Ancel J. White ADDRESS: White Funeral Home, Ironton Mo.
25. DATE RECD. BY LOCAL REG.: 7-30-62
26. REGISTRAR'S SIGNATURE: Mrs Avia Jones

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1962

SEP 11 1962

7-30-62

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 _____ Signed Ancel J. White

Signature of Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Boston Mass

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.