

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030149

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 954

VS 300
Rev. 4/59

1 0129
2 1030

4 1
5 1

6 1
7 1

8 0
9 332X

10 2-0
11 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 27 1962

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY STODDARD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF,		Length of stay in 1b 18 hrs.	c. CITY OR TOWN BLOOMFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BLOOMFIELD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) COMILLER First BOWLING Middle Last			4. DATE OF DEATH AUG. 17, 1962 Month Day Year	
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22-93	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Lawrence Co. Ala.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME TOM TEDDER	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE J. H. Bowling
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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 J. H. Bowling, Bloomfield, Missouri Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Vascular Accident		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral thrombosis	
	DUE TO (c) Cerebral arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION BLOOMFIELD COUNTY STATE
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21. I attended the deceased from <u>8-16-62</u> to <u>8-17-62</u> and last saw her/him alive on <u>8-17-62</u> Death occurred at <u>6:20 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul A. Meier M.D.</i> (Degree or title)	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 8-22-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Aug. 17-62	23c. NAME OF CEMETERY OR CREMATORY BLOOMFIELD	23d. LOCATION (City, town, or county) (State) BLOOMFIELD, MISSOURI
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24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO. ADDRESS	25. DATE RECD. BY LOCAL REG. 8-22-1962	26. REGISTRAR'S SIGNATURE <i>Thelma Graham</i>
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USE BLACK INK OR TYPEWRITER RIBBON

(Removal obtained)

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,
& by Lulu Cooper # 3499 ~~Student~~

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lulu C. Cooper*

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, 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.