

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005828

STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 19

FILED MAR 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0281

2 0280

3

4 1

5 2

6

7 1

8 2

94344

10

11

12 1-2

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sullivan</b>		Length of stay in 1b <b>5 days</b>	c. CITY OR TOWN <b>Steelville</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sullivan Community Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>Rural Route #1</b>
3. NAME OF DECEASED (Type or print) First <b>MIDDIE</b> Middle <b>EUNICE</b> Last <b>BOWEN</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>20,</b> Year <b>1963</b>	
5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>1/7/1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (last birthday) <b>85</b>
13a. FATHER'S NAME <b>Robert K. Douglas</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Campbell</b>	11. BIRTHPLACE (City and state or country) <b>Oskaloosa, Iowa.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. [redacted]	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
18. CAUSE OF DEATH (Enter only one cause per 1000) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute cardiac decompensation</b>		14. NAME OF HUSBAND OR WIFE <b>Emanuel Bowen</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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	COUNTY STATE
21. I attended the deceased from <b>7/16/63</b> to <b>2/20/63</b> and last saw her <sup>him</sup> alive on <b>2/20/63</b> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ronald N. Sattis M.D.</b>		22b. ADDRESS <b>Sullivan Mo</b>	22c. DATE SIGNED <b>2/23/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/23/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Van Horn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bogard, Missouri.</b>
24. FUNERAL DIRECTOR <b>Halbert Funeral Home, Steelville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar 14 1963</b>	26. REGISTRAR'S SIGNATURE <b>William Bowen</b>

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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.