

=63-022907

STATE FILE NUMBER

AMENDED

Registration District No. 336

Primary Registration District No. 6131

Registrar's No. 197

FILED JUN 12 1963

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Birch Tree		c. CITY OR TOWN Birch Tree	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Home	
3. NAME OF DECEASED (Type or print) First Florence Middle Ann Last Bowden		4. DATE OF DEATH Month June Day 4 Year 1963	
5. SEX F.	6. COLOR OR RACE W.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7/3/71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Illinois	
13a. FATHER'S NAME Robert Boram		14. NAME OF HUSBAND OR WIFE D. C. Bowden	
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. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis 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		12. CITIZEN OF WHAT COUNTRY USA	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 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 Birch Tree	
21. I attended the deceased from May 29, 1963 and last saw her alive on June 4, 1963 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 6-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/5/63	
23c. NAME OF CEMETERY OR CREMATORY Montier Cemetery		23d. LOCATION (City, town, or county) (State) Montier, Missouri	
24. FUNERAL DIRECTOR Duncan Funeral Home Mtn. View. Mo.		25. DATE RECD. BY LOCAL REG. 6-11-1963	
26. REGISTRAR'S SIGNATURE Sune Glau Dpt.			

**USE BLACK INK
OR
TYPEWRITER RIBBON**

(Licensed Embalmer's Statement on Reverse Side)

To Doctor: 12 : Noon 6/5/63

Rec'd from Dr. 4: P.M. 6/8/63

To Local Registrar 4: P.M. 6/8/63

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

Charles D. Carter

Licensed Embalmer No. 5107

P. O. Address 777 N. Union, 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.

Received at 12:00 PM 6/8/63