

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001402

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

5

STATE FILE NUMBER

FILED JAN 10 1966

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Clinton

Length of stay in 1b

3 wk, s

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Wetzel Hosp

Inside Limits

Yes ☒ No ☐

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

a. STATE

Mo

b. COUNTY

Henry

c. CITY

OR

TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

513 East Green

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Ella

Middle

Mae

Last

Bowen

4. DATE
OF
DEATH

Month

Jan

Day

6

Year

1966

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-26-80

9. AGE (last birthday)

85

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)

Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY

Nursing

11. BIRTHPLACE (City and state or country)

Chilcothe Mo

12. CITIZEN OF WHAT COUNTRY

U* S A

13a. FATHER'S NAME

Lewis Jones

13b. MOTHER'S MAIDEN NAME

Yurth Butler

14. NAME OF HUSBAND OR WIFE

William Bowen

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

Address

Mrs Ted Swann R R 5 Clinton Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Paralysis
Cerebral Thrombosis
Cerebral Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

minutes
minutes
years

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

Myocardial Insufficiency - Generalized 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

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 1962, to 1-6-66 and last saw her alive on 1-6-66
Death occurred at 12:35 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. L. Glaspay DO

22b. ADDRESS

Clinton Mo

22c. DATE SIGNED

1/7/66

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

1-7-66

23c. NAME OF CEMETERY OR CREMATORY

Edgewood Cem

23d. LOCATION (City, town, or county)

Chilcothe

Mo

24. FUNERAL DIRECTOR

ADDRESS

Sickman & Dunning Clinton MO

25. DATE RECD. BY LOCAL REG.

JAN. 7, 1966

26. REGISTRAR'S SIGNATURE

Mildred Bigund

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0425
2 0425
3
4 1
5 2
6
7 0
8 2
9 332X
10
11
12 2-2
13 1-0

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

R. L. Dunning

Licensed Embalmer No. _____

•m.g. ८६:R.D. Address _____

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.

Formal obtained 7-66 (MJD)