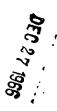
## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. Primary Registration District No. ..... DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH . STATE MO. a. COUNTY b. COUNTY VS 300 Henry admission) AMENDED Henry Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY Length of stay in 1b Inside Limits OR TOWN Windsor TOWN Windsor vears Yes 🙀 No 🗌 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm DATE ADDRESS INSTITUTION Windsor Hospital 207 Phelps Yes 🔀 No 🗌 Yes | No | 3. NAME OF DECEASED Middle First Last DATE Month Day Year (Type or print) THOMA S RALPH BOWEN DEATH November 9. AGE (last birthday) IF UNDER I YEAR IF UNDER 24 HR 5. SEX COLOR OR RACE 7. Married 🔲 Nover Married Male White Widowed X Divorced 11. BIRTHPLACE (City and state or country) 10b. KIND OF BUSINESS OR INDUSTRY 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during master working life, even if retired) Henry County, Mo. USA Retired 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Madge Cook Bowen Polly Thompson John Bowen 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address $\begin{array}{c|c} \text{(Yes, no, or unknown)} & \text{(If yes, give war or dates of service)} \\ NO & \end{array}$ '-10-L883 Mrsa Chloe Cook Windsor. Mo. 200 INTERVAL BETWEEN ONSET AND BEATH 18. CAUSE OF DEATH (Enter only one cause per lips) DOCUMENT PART I. DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE 11 NSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying causa last ŏ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but deceased disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS ☐ Yes □ No □ Unknown HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? YES | NO. Month, Day, Year 20c. TIME OF Hou RIBBON INJURY a.m. BLACK INK COUNTY 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION STATE 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK IT *IYPEWRITER* 21. I attended the deceased from 50 on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred SHOULD 22c. DATE SIGNED ō /16/66 AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a, BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Š Windsor. Missouri 0ak Cemetery Laurel ΕW Windsor, Missouri Huston-Hadlev

(Licensed Embalmer's Statement on Reverse Side)



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.	Signed to her Wally
StudentSignature of Student Embalmer	Signed Survey
•	Licensed Embalmer No. 5220

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.