MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH __Primary Registration District No. __ Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. STATE Mo b. COUNTY a. COUNTY admission VS 300 Henry AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TÖŴN TOWN Yes 🔣 No 🗍 Lifetime Windsor Windsor c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR ADDRESS INSTITUTION Yes 🛣 No 🗆 Yes ☐ No 🔀 504 W. Benton Windsor Nursing Home 3. NAME OF DECEASED Year Middle Last 4. DATE (Type or print) OPHER THOMAS BOWEN 17 1967 DEATH March 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married 🗌 Never Married 8. DATE OF BIRTH Months Hours Widowed 🗀 Divorced 🗍 6/23/188**6** Male White 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. FATHER'S NAME Shoe Factory | Windsor, Missouri | USA | 136. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE Minnie Ishmeal 16. SOCIAL SECURITY NO. 117. INFORMANT Robert I. Bowen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)) (If yes, give war or dates of service) Jesse Bowen Washington 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DOCUMENT PART I. DEATH WAS CAUSED BY: 10 Circulatory collapse IMMEDIATE CAUSE (a) 11 Influenza 1 week Conditions, if any, DUE TO (b) which gave rise to above cause (a). stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS Senility for the past 11 years □ No □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART-I or PART II of item 18.) 20a, ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO K Month, Day, Year 20c. TIME OF Houl RIBBON INJURY A.M. BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK IT NOT WHILE AT WORK I *IYPEWRITER* READ 1962 3**-11-**67 and last saw him alive on... 3-11-67 21. I attended the deceased from A m on the date stated above, and to the best of my knowledge, from the causes stated. Death occup SHOULD 22b. ADDRESS 22c. DATE SIGNED ö 22a. SIGNATURE 103 W. Colt St. Windsor. Mo. 3-22-67

(Licensed Embalmer's Statement on Reverse Side)

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

Windsor Missouri
L 26. REGISTRAR'S SIGNATURE

(State)

23c. NAME OF CEMETERY OR CREMATORY

Windsor, Missouri

23b. DATE

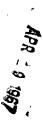
REMOVAL (Specify)

Huston-Hadlev

AFFIDA

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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 Shatleth Sally
Student	Signed Somethy Jolly
Signature of Student Embalmer	
	Licensed Embalmer No. 5220
	P. O. Address Windson, 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.