

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26687**

FILED SEP 11 1951

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 189	
1. PLACE OF DEATH a. COUNTY HENRY 0422				2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON MO 0422		d. STREET ADDRESS (If rural, give location) 319 N 5th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hughes Rest Home							
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ENOUS c. (Last) BOWSER			4. DATE OF DEATH (Month) (Day) (Year) Sept 1 1951				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 16 1878	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) FRANKFORT IND	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME DAN BOWSER		13b. MOTHER'S MAIDEN NAME ALICE ELLIS		14. NAME OF HUSBAND OR WIFE NANCY BOWSER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 702-072247		17. INFORMANT'S SIGNATURE OR NAME FRANK BOWSER ADDRESS Clinton Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia							
INTERVAL BETWEEN ONSET AND DEATH 7 days							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C. A. LIVER							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 1, 1951 , to Sept 1, 1951 , that I last saw the deceased alive on 8-20, 1951 , and that death occurred at 10 A m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. Walker, M.D.				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 9-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/4/51		24c. NAME OF CEMETERY OR CREMATORY ENGLEYWOOD		24d. LOCATION (City, town, or county) (State) Clinton Mo	
DATE REC'D BY LOCAL REG. Sept 3-51		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conzelmann ADDRESS Clinton Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-10-61
DISTRICT HEALTH OFFICE No. 3

District File Number _____
Date Filed 9-10-61

SEP 1 1961

SEP 1 1961

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed *J. E. Casadem*
Licensed Embalmer No. 1891

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.