

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30749

FILED SEP 19 1951

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		05-82	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>620 Snow St</u>				d. STREET ADDRESS (If rural, give location) <u>620 Snow St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MOLLIE</u>		b. (Middle) <u>EDYTH</u>		c. (Last) <u>BOWLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 11 - 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Apr - 1 - 1879</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>5</u>		11. DAYS <u>10</u>		12. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			
11. BIRTHPLACE (State or foreign country) <u>Linn Co Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>C. Cassidy</u>				13b. MOTHER'S MAIDEN NAME <u>Josephine Burdett</u>			
14. NAME OF HUSBAND OR WIFE <u>R. B. Bowles</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>Robert D. Bowles</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Robert D. Bowles</u>			
18. ADDRESS <u>Brookfield Mo</u>				19. ADDRESS <u>Brookfield Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterio Sclerosis</u> DUE TO (c) <u>Hypertension & Insulin Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>10 y</u>				21. MEDICAL CERTIFICATION <u>4-201</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
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) (Minute) (Second)			
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 <u>Sept 11, 1951</u> , to <u>Sept 11, 1951</u> , that I last saw the deceased alive on <u>Sept 11, 1951</u> , and that death occurred at <u>7:15 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Roy P. H. Co.</u>				23b. ADDRESS <u>Brookfield Mo</u>			
23c. DATE SIGNED <u>9-12-51</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>9-13-51</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Burdin Cem</u>			
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Blacklock</u>			
25. ADDRESS <u>Brookfield Mo</u>				26. DATE REC'D BY LOCAL REG. <u>9-13-51</u>			
26. REGISTRAR'S SIGNATURE <u>J. H. Blacklock</u>				27. DATE <u>9-13-51</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

Date Received: SEP 17 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1649
Date Filed: SEP 17 1951

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.

Signed

J. B. Blacklock

Signed.....

Student Embalmer

Licensed Embalmer No. 2246

P. O. Address

Brookfield 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.