

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31030

State File No.

No. 300
10-48

FILED OCT 13 1953

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1083</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>11 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>01170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosptl</u>				d. STREET ADDRESS (If rural, give location) <u>803 E. Hyde Park Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Beck</u>		b. (Middle) <u>B</u>		c. (Last) <u>Bowen</u>	
4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>5,</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 3, 1890</u>		9. AGE (In years last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Govt Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bureau Animal Industry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksdale, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Francis Bowen</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Means</u>		14. NAME OF HUSBAND OR WIFE <u>Clara May Bowen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara May Bowen 803 E. Hyde Park</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Occlusion Right Arterio</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input checked="" 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) (Min) _____		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>3 Oct.</u> , 19 <u>53</u> , to <u>5 Oct.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5 Oct.</u> , 19 <u>53</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas W. Slowing MD</u>		23b. ADDRESS <u>570 Francis P. Joseph Dr</u>		23c. DATE SIGNED <u>6 Oct 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 10, 1953</u>		REGISTRAR'S SIGNATURE <u>Beth M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home 120 Illinois Av</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 16 1953

OCT 22 1953

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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