

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

217

State File No. ....

BIRTH NO. <u>FILED FEB 15 1954</u>		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>52 years</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 So. 17th St.</u>				e. STREET ADDRESS (If rural, give location) <u>102 So. 17th St.</u> <u>01170</u>			
3. NAME OF DECEASED (Type or Print) <u>Elmer</u>		a. (First)		b. (Middle) <u>Eugene</u>		c. (Last) <u>Bowlin</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 4, 1954</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. carpenter contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>June 16, 1872</u>		9. AGE (In years last birthday) <u>81</u> # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Taos, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Marion Bowlin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Pauline Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Mildred Bowlin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Doris Bowlin, 102 S. 17th, St. Joseph, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Jan. 2, 1953</u> , to <u>Feb. 4, 1954</u> , that I last saw the deceased alive on <u>Feb. 4, 1954</u> , and that death occurred at <u>5:00p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marion E. Waggoner M.D.</u>		23b. ADDRESS <u>301 Illinois Ave. St. Joe.</u>		23c. DATE SIGNED <u>2-8-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/6/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gower, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 11, 1954</u>		REGISTRAR'S SIGNATURE <u>Barth M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton - Bowman St Joseph Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..

Student .....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3804

P. O. Address 319 5th St. St. Louis

**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.