

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037625

STATE FILE NUMBER

AMENDED

Registration District No. 281

Primary Registration District No. 3037

Registrar's No. 8-6-

FILED NOV 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Florence Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>R.J.D. # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>H.</u> Last <u>BOWLES</u>		4. DATE OF DEATH Month <u>October</u> Day <u>31</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/14/1874</u>
9. AGE (last birthday) <u>87</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months <u>7</u> Days <u>17</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>	
11. BIRTHPLACE (City and state or country) <u>Kennett, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph Bowles</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Kenney</u>	
14. NAME OF HUSBAND OR WIFE <u>Mollie E. Bowles (deceased)</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>486-20-3954</u>		17. INFORMANT <u>Robert O. Bowles, Brookfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis with</u> DUE TO (c) <u>Cerebral Atrophy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Feed home</u> <u>Indefinite</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> s.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>Oct 24, 1961</u> to <u>Oct 30, 1961</u> and last saw <u>him</u> live on <u>Oct 30, 1961</u> Death occurred at <u>2:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Glenn A. Horner, M.D.</u>		22b. ADDRESS <u>Marceline, Mo</u>	
22c. DATE SIGNED <u>11-1-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 2, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Purdin Cemetery</u>	23d. LOCATION (City, town, or county) <u>Purdin, Missouri</u>
24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 2, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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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

Herald T. Wade

Licensed Embalmer No. 4172

P. O. Address

Browning

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.