

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 5520 Registrar's No. 0018861 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor Township</u>		c. CITY OR TOWN <u>Kansas City, Mo.</u>				
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles SW Windsor on M-52 Highway</u>		d. STREET ADDRESS (If outside, give location) <u>3741 Campbell,</u>				
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS RONALD BOWEN</u>			4. DATE OF DEATH Month Day Year <u>May 16, 1964</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Marital Status <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/3/43</u>	9. AGE (last birthday) <u>20</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bottling Works</u>		11. BIRTHPLACE (City and state or country) <u>Windsor, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Bowen</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Jane Woods</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>494-46-0512</u>		17. INFORMANT Address <u>Thomas Bowen, Windsor, 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>Compound Frontal Skull Fracture</u>						INTERVAL BETWEEN ONSET AND DEATH <u>immed</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of Rt Tibia &amp; Fibula</u>					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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>2 car accident</u>		
20c. TIME OF INJURY <u>5:45 p.m.</u>		Month, Day, Year <u>5-16-64</u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 52 Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>3 mi S.W Windsor</u>		COUNTY STATE <u>Henry Mo</u>
21. I attended the deceased from <u>unattended</u> , to _____ and last saw her/him alive on _____ Death occurred at <u>5:45 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Richard N. King M.D.</u>		(Degree or title) <u>Henry County coroner</u>		22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>		22c. DATE SIGNED <u>5-19-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>May 19, 1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>
24. FUNERAL DIRECTOR <u>Huston Funeral Home, Windsor, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>May 25, 1964</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Biggs</u>	

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 1 1964

MAR 2 1965

**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 Glen E. Heck

Licensed Embalmer No. 4063  
P. O. Address Green Ridge 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.