

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-023466

STATE FILE NUMBER

Registration District No. 737 Primary Registration District No. 4218 Registrar's No. 154

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 28 1965

VS 300
Rev. 4/59

1 0421
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 4 months	c. CITY OR TOWN Windsor, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Resthaven Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 206 E. Jackson St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NELLIE Middle JENNINGS Last BOWEN			4. DATE OF DEATH Month June Day 16, Year 1965
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/2/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (last birthday) 88 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11a. BIRTHPLACE (City and state or country) --- Colorado		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James T. Jennings		13b. MOTHER'S MAIDEN NAME Emma Anderson	14. NAME OF HUSBAND OR WIFE Thos. R. Bowen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Thos. R. Bowen, Windsor, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypostatic Pneumonia DUE TO (c) Senility			INTERVAL BETWEEN ONSET AND DEATH 12 hrs 2 weeks 10 years
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 checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 _____ STATE _____	
21. I attended the deceased from March 7, 1965 to June 16, 1965 and last saw her alive on June 13, 1965 Death occurred at 9:00 p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William Smith</i> (Degree or title)		22b. ADDRESS Windsor, Mo.	
22c. DATE SIGNED 6/19/65 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/20/65	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	
23d. LOCATION (City, town, or county) Windsor, Missouri			
24. FUNERAL DIRECTOR Huston Funeral Home, Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 6-24-65	26. REGISTRAR'S SIGNATURE <i>Mildred Begime</i>

JUN 21 1966
JUL 22 1965

MAY 12 1965

JUL 28 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 Ellis H. Hester

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.