

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0010195

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 95

FILED APR 3 1967	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Windsor</u> Length of stay in 1b <u>Lifetime</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Windsor</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>504 W. Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>OPHER THOMAS BOWEN</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <u>March 17 1967</u></p>
<p>5. SEX <u>Male</u></p> <p>6. COLOR OR RACE <u>White</u></p> <p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>6/23/1886</u></p> <p>9. AGE (last birthday) <u>80</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory worker</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Windsor, Missouri</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Robert L. Bowen</u></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Minnie Ishmeal</u></p> <p>16. SOCIAL SECURITY NO. <u>495-07-5708</u></p> <p>17. INFORMANT <u>Jesse Bowen</u> Address <u>Washington, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Circulatory collapse</u></p> <p style="text-align: center;">DUE TO (b) <u>Influenza</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;"><u>Senility for the past 11 years</u></p> <p style="text-align: right;">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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from <u>1962</u> to <u>3-11-67</u> and last saw ^{her}him alive on <u>3-11-67</u></p> <p>Death occurred at <u>7:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <i>William J. Smith, M.D.</i></p>	<p>22b. ADDRESS <u>103 W. Colt St. Windsor, Mo.</u></p> <p>22c. DATE SIGNED <u>3-22-67</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p> <p>23b. DATE <u>March 19, 1967</u></p> <p>23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cem.</u></p> <p>23d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u></p>	<p>24. FUNERAL DIRECTOR <u>Huston-Hadley Windsor, Missouri</u></p> <p>25. DATE RECD. BY LOCAL REG. <u>3-27-67</u></p> <p>26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i></p>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

APR 20 1967

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 *Robert H. Kelly*

Licensed Embalmer No. 5220
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.