

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0044997

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 568

DEFILED 07 64

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in lb 14 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. John's Hospital		d. STREET ADDRESS (If outside, give location) 521 West 13th Street	
3. NAME OF DECEASED (Type or print) First EVERT Middle CHARLES Last BOWERS		4. DATE OF DEATH Month November Day 30 , Year 1964	
5. SEX M	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 8-5-1917
9. AGE (last birthday) 47		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired truck driver		10b. KIND OF BUSINESS OR INDUSTRY Hauling	11. BIRTHPLACE (City and state or country) Farmington, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Harrison Bowers	
13b. MOTHER'S MAIDEN NAME Jennie Covington		14. NAME OF HUSBAND OR WIFE Stella Arehart Bowers	
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.	
17. INFORMANT Mrs. Stella Bowers, 521 W. 13th Street		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive myocardial infarction (Probable)			INTERVAL BETWEEN ONSET AND DEATH Instantaneous
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) (History from family of "heart condition" and Diabetes)			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.) Patient was DOA at St. John's Hospital, Coroner notified, but no autopsy obtained.	
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 Had not attended this pt. and last saw him alive on DOA on 11-30-64		Death occurred at 3:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS B.E. DeTar, Sr., M.D. DeTar Clinic, 410 Jackson,	
22c. DATE SIGNED 12-2-64		22d. LOCATION (City, Town, or County) (State) Seneca, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-2-1964	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery,	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 12-5-1964	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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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 James S. Owen, Student Embalmer No. 746

working under my personal supervision.

Student James S. Owen
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4720

P. O. Address [Signature]

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.