

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33211**

BIRTH NO. _____ **REG. DIST. NO.** 53 **PRIMARY REG. DIST. NO.** 3010 **Registrar's No.** 339

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| a. COUNTY <u>Cape Girardeau</u> | | a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Oran</u> | |
| c. LENGTH OF STAY (In this place) <u>2 m.</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SouthEast Mo Hosp U</u> | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH |
| a. (First) <u>James</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Bowman</u> | | | (Month) (Day) (Year) <u>Oct 10, 1949</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>Feb 2, 1869</u> |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Oran Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | | |
| 13a. FATHER'S NAME <u>Wesley W Bowman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Wehks</u> | 14. NAME OF HUSBAND OR WIFE <u>Elmer Bowman</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>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>AW Bowman</u> |
| | | ADDRESS <u>Oran Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon with metastases</u> | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u> | |
| 19a. DATE OF OPERATION <u>Aug 14, 1948</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Colon with obstruction.</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 12, 1948</u> , to <u>Oct 10, 1949</u> , that I last saw the deceased alive on <u>Oct 10, 1949</u> , and that death occurred at <u>6:4 m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>R.G. Rother, M.D.</u> | | 23b. ADDRESS <u>Cape Girardeau Mo</u> | 23c. DATE SIGNED <u>10-13-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-12-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OLD MORLEY CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>MORLEY, MISSOURI</u> |
| DATE REC'D BY LOCAL REG. <u>10-13-1949</u> | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles</u> |
| | | ADDRESS <u>Chaplinhoff Funeral Home</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16

DEC 21 1949

RECEIVED 10-17-49

District Health Officer No. 4

District File Number 1049-133

Date Filed

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 Student Embalmer

Signed

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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 this body is not embalmed, fact should be so stated above.