

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26045

BIRTH NO. 47255-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 974

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>	
c. LENGTH OF STAY (in this place) <u>24 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>223 E. NEBRASKA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DARREL</u> b. (Middle) <u>VAN</u> c. (Last) <u>BOWMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-50</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	
8. DATE OF BIRTH <u>8-24-50</u>		9. AGE (In years last birthday) <u>24 DAYS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. JOSEPH MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	

13a. FATHER'S NAME <u>LINDSAY VAN RUE BOWMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELSIE ADELINE BASCHE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. &amp; MRS. L.V. BOWMAN 223 E NEBRASKA</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u>		<u>6 1/2 MO.</u>			<u>24 DAYS</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			<u>776X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (m.)		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 8-5 1950, to 8-29, 1950, that I last saw the deceased alive on 8-29, 1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>2008 King Hill St. Joseph, Mo</u>		23c. DATE SIGNED <u>8-29-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>King City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Aug 30, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*body was not embalmed*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *John E. Rupp*  
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.