

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20655

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4278 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE LAWRENCE b. COUNTY MO.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILLER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILLER 0550	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) Gen. Del.	
d. FULL NAME OF HOSPITAL OR INSTITUTION city - Gen. Del.			
3. NAME OF DECEASED a. (First) Charles b. (Middle) Evert c. (Last) Bowerman			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1951
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR. 3, 1880
9. AGE (In years last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (State or foreign country) RAY County, Mo.
11. BIRTHPLACE (State or foreign country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME I.W. Bowerman	13b. MOTHER'S MAIDEN NAME Wilhelmina WASH	14. NAME OF HUSBAND OR WIFE Isabella Bowerman	
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'S SIGNATURE OR NAME ISABELLA Bowerman ADDRESS Miller, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic heart condition			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown			
DUE TO (c) Dilated heart			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 6-1, 1951 , to 6-7, 1951 , that I last saw the deceased alive on 6-7, 1951 , and that death occurred at 11 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. S. Bessney M.D.		23b. ADDRESS Miller Mo	23c. DATE SIGNED 6-13-51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6/10/51	24c. NAME OF CEMETERY OR CREMATORY Pennsboro Cem.	24d. LOCATION (City, town, or county) (State) Pennsboro, Mo.
DATE REC'D BY LOCAL REG. 6-11-51	REGISTRAR'S SIGNATURE W.S. Bessney	25. FUNERAL DIRECTOR'S SIGNATURE Beck L. Marsh	ADDRESS Quinn, Mo.

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

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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUN 19 1951

Dist. File 681-1361

Date Filed 6-19-51

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.....

working under my personal supervision.

Signed.....
Student Embalmer

Student embalmer No.....

Signed.....

Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Aurora, 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.