

THE DIVISION OF HEALTH OF MICHIGAN
STANDARD CERTIFICATE OF DEATH

State File No. **19206**
Registrar's No. **45011**

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		a. STATE Michigan b. COUNTY 8210	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Niles	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) unk	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) FRED	b. (Middle) W	c. (Last) BOWERMAN.	MAY 2, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 8, 1893	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			11. BIRTHPLACE (City and State or Foreign Country) Typestone Township, Michigan.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Bowerman.	13b. MOTHER'S MAIDEN NAME Almeda Doane.	14. NAME OF HUSBAND OR WIFE
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. unk	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Carl Longnecker, Niles Michigan.

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute renal insufficiency.		ANTECEDENT CAUSES Pneumonia, followed by gunshot wound suffered while shot by patrolman while driving sold-up car southwest bank 2901 South		2 1/2 hr
II. OTHER SIGNIFICANT CONDITIONS Contributing to the death but not related to the disease or condition		gunshot wound on highway about 10 10 am April 24 1953 in the performance of Official Police Duty		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Justifiable Homicide		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ASSIGNED CAUSE OF DEATH Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Bank	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 24 53 10 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E984X		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:05Am.**, from the causes and on the date stated above.

22a. SIGNATURE Catriel Taylor Cooney (Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 5 2 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-2-1953	24c. NAME OF CEMETERY OR CREMATORY Shanghai Cemetery	24d. LOCATION (City, town, or county) (State) Niles, Michigan
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DATE REC'D BY LOCAL REG. MAY 2 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Dellmar Blvd
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.