

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004842
STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 70 Primary Registration District No. _____ Registrar's No. 12

1. PLACE OF DEATH a. COUNTY CLARK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WYACONDA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WYACONDA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRED Middle C. Last BOWMAN			4. DATE OF DEATH Month March Day 3 Year 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 26 1876
9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Samuel Bowman, Iron Worker		10b. KIND OF BUSINESS OR INDUSTRY Iron Worker	11. BIRTHPLACE (City and state or country) Clark Co, Mo
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Samuel Bowman	
13b. MOTHER'S MAIDEN NAME Irene Matlick		14. NAME OF HUSBAND OR WIFE Mrs Maude Bowman	
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. Maxine Woodruff , Luray, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hr
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) 4201
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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 Jan 20 to March 30 and last saw ^{her} him alive on Jan 20 1959 Death occurred at 11 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. E. Lowe Do		22b. ADDRESS Memphis Mo	22c. DATE SIGNED 3/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Wyaconda Cemetery	23d. LOCATION (City, town, or county) (State) Wyaconda, Mo.
24. FUNERAL DIRECTOR GERTH & BASKETT		ADDRESS WYACONDA, MO.	25. DATE RECD. BY LOCAL REG. 3/7-59
26. REGISTRAR'S SIGNATURE J. L. Bridges			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Ms. 14 1959

VS MAY 13 1959

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
Signature of Student Embalmer

Signed *George V. Basked*

Licensed Embalmer No. *1817*
P. O. Address *Wyaenda*

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.