

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008447

STATE FILE NUMBER

FILED MAR 30 1959

042

1000

302

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Meth. Hos				Length of stay in 1b 5 days		d. STREET ADDRESS 501 W Jackson (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last William Jasper Bowman				4. DATE OF DEATH Month Day Year March 23, 1959			
5. SEX M <input checked="" type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 6 1878		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) Farming (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Gentry Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME J.P. Bowman				14. MOTHER'S MAIDEN NAME Margaret Wilkin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs W.J. Bowman Albany, 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) <i>Acute Renal Insufficiency</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <i>Benign Prostatic Hypertrophy</i>	
						DUE TO (c) <i>610X</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 WORK <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		COUNTRY STATE	
21. I attended the deceased from <i>18 MAR 59</i> to <i>23 MAR 59</i> and last saw her alive on <i>23 MAR 59</i> . Death occurred at <i>3:45 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J.N. Martin MD</i>				22b. ADDRESS <i>206 Francis St. Joseph Mo</i>		22c. DATE SIGNED <i>3/24/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Mar 25 1959		23c. NAME OF CEMETERY OR CREMATORY Fairview		23d. LOCATION (City, town, or county) (State) Gentry Co., Missouri	
24. FUNERAL DIRECTOR Clifford Brooks Albany, Mo.				25. DATE RECD. BY LOCAL REG. Mar. 24 1959		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Handell</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. J.N. Martin

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by me, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Donald E. Cocheff*

Licensed Embalmer No..... 4

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.