...t. Health, ..., & Welfare ...S. Public ...lth Service

...S. 300 ...v. 1-57

20

FILED VS MAY 17 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-020203

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 4356 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY New Madrid	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN 0720 Parma — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 90 — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Charley Middle Pleas Last Bowman			4. DATE OF DEATH Month April Day 16 Year 1960	
5. SEX M	6. COLOR OR RACE cauc.	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Dec. 7, 1880	9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired mill worker	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Wickliffe Ky.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unkown	13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Amelia Bowman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT Raymond Bowman Address Parma Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive heart failure	4 years
DUE TO (b)	Pyelonephritis	2 years
DUE TO (c)	Malnutrition 4341	3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 5 years ago, to 4-16-60 and last saw her/him alive on _____

Death occurred at 7P M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Comeau M. D.	22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 4-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Apr. 18, 1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Bernie Mo.		
24. FUNERAL DIRECTOR ADDRESS Watkins Fun Ser, Parma Mo.	25. DATE RECD. BY LOCAL REG. 4/30/60	26. REGISTRAR'S SIGNATURE Dr. Geo W Husted, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

3-1

MAY 25 1960

MAY 19 1961

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 Earl McWatkins

Licensed Embalmer No. 4964

P. O. Address Dexter 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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