

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033033

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 120

FILED SEP 10 1963

VS 300
Rev. 4/59

1 0735

2 0600

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4 0

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12 2-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

| | | | | | |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Newton | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mo Donald | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho | | Length of stay in 1b 1 day | c. CITY OR TOWN Goodman | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) RR # 1 | |
| 3. NAME OF DECEASED (Type or print) First DALE Middle MARTIN Last BOMAN | | | 4. DATE OF DEATH Month August Day 31 Year 1963 | | |
| 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 9-23-37 | 9. AGE (last birthday) 25 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lathe operator | | 10b. KIND OF BUSINESS OR INDUSTRY Factory | | 11. BIRTHPLACE (City and state or country) Seneca, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A | | 13a. FATHER'S NAME Charles Bowman | | 13b. MOTHER'S MAIDEN NAME Nina Thompson | |
| 14. NAME OF HUSBAND OR WIFE Kathalene Boman | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) no | | | |
| 16. INFORMANT Bowman Address | | 17. Mrs. Kathlene Goodman, Missouri | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | | | | PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | |
| 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 COUNTY STATE | |
| 21. I attended the deceased from August 31, 1963 , to August 31, 1963 and last saw her ^{him} alive on August 31, 1963 Death occurred at 2:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | | 22b. ADDRESS 113 West Hickory Neosho, Missouri | | 22c. DATE SIGNED |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9-2-63 | 23c. NAME OF CEMETERY OR CREMATORY Swars Praire Cemetery | | 23d. LOCATION (City, town, or county) (State) RR #1 Seneca, Missouri |
| 24. FUNERAL DIRECTOR <i>[Signature]</i> Seneca, Missouri | | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> Deputy |

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 24 1963

SEP 11 1963

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 Don B. House

Licensed Embalmer No. 5113

P. O. Address Sumner 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.