

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7841
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5142</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural....Neely Twp.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spencer, Ohio</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile North of Neelyville, Mo.</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>PAUL</u>		a. (First) _____		b. (Middle) <u>R.</u>		c. (Last) <u>BOWMAN</u>	
4. DATE OF DEATH <u>Mar. 12, 1950</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 4, 1921</u>		9. AGE (In years last birthday) <u>28</u>		IF UNDER 1 YEAR: Months <u>5</u> Days <u>8</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck</u>		11. BIRTHPLACE (State or foreign country) <u>Flintstone, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Wm. S. Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Jane Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Marcella Bowman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W.2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marcella Bowman...Spencer, Ohio</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractures</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal Injuries</u> DUE TO (c) <u>Head on collision of automobile and truck</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>on State Highway</u>				INTERVAL BETWEEN ONSET AND DEATH <u>68166</u> <u>26</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Neely Township</u> (COUNTY) <u>Butler</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) _____ (Day) <u>12</u> (Year) <u>1950</u> (Hour) <u>2</u> (Minute) <u>PM</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Head on collision automobile and truck</u>			
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 <u>2</u> <u>P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Grover D. Green</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>3/15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arlington Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, D.C.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 15, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FRANK-COTRELL....Poplar Bluff, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

350-132

MAR 20 1950

MAR 21 1950

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 _____

working under my personal supervision. Student Embalmer No. _____

Student
Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Poplar Bluff, 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 this body is not embalmed, fact should be so stated above.