

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8192

State File No.

BIRTH NO. 79427-49 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Cotton Hill twp/		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cotton mill twp	
c. LENGTH OF STAY (in this place) life		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) RFD 2 Malden, Missouri	
3. NAME OF DECEASED (Type or Print) a. (First) DANNY b. (Middle) PAUL c. (Last) BOWMAN			4. DATE OF DEATH (Month) (Day) (Year) Mar 11, 1950
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH December 20, 1949
9. AGE (In years last birthday) 2 MONTHS 21 DAYS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY	
10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) RFD 2 Malden, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Elbert Bowman		13b. MOTHER'S MAIDEN NAME Lanora Tice	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Elbert Bowman ADDRESS
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 Congenital Heart Disease Birth	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7544	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 20 Dec , 19 49 , to _____, 19 49 , that I last saw the deceased alive on 10 March 50 and that death occurred at 2:30 a. m. , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) Charles Williams M.D.		22b. ADDRESS Malden, Missouri	22c. DATE SIGNED 11 Mar 50
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-Mar 1950	23c. NAME OF CEMETERY OR CREMATORY Stevens Chapel Cem.	23d. LOCATION (City, town, or county) (State) RFD Malden, MO.
DATE REC'D BY LOCAL REG. March 14, 1950	REGISTRAR'S SIGNATURE J. W. Schumann 87	25. FUNERAL DIRECTOR'S SIGNATURE Wallace R. Knight Malden ADDRESS	

DEPARTMENT 3-27-150

KE COUNTY FILE NUMBER 350493

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address Malden, MS

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.