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FILED MAY 12 1950 THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15552

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 75

02

1. PLACE OF DEATH
a. COUNTY Scott

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston

c. LENGTH OF STAY (in this place)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Scott

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston

d. STREET ADDRESS (If rural, give location) 405 Tanner

3. NAME OF DECEASED
(Type or Print) a. (First) William b. (Middle) Chesley c. (Last) Bowman

4. DATE OF DEATH (Month) (Day) (Year) April 22, 1950

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Sept. 27, 1859

9. AGE (In years last birthday) 90

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President

10b. KIND OF BUSINESS OR INDUSTRY Scott County Milling Company

11. BIRTHPLACE (State or foreign country) Cape Girardeau County, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Benjamin L. Bowman (dec)

13b. MOTHER'S MAIDEN NAME Eliza Ford

14. NAME OF HUSBAND OR WIFE Emma Estes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Daughter--Eula B. Shanks

ADDRESS 107 Tanner Sikeston Mo.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Senile Arteriosclerotic Cardiovascular Disease*

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) *Vascular Disease*

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1950, to 4-22, 1950, that I last saw the deceased alive on 4-22, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Alfred L. Sargent*

23b. ADDRESS *Sikeston, Mo.*

23c. DATE SIGNED 4-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-24-50

24c. NAME OF CEMETERY OR CREMATORY City Mausoleum

24d. LOCATION (City, town, or county) (State) Sikeston Mo.

DATE REC'D BY LOCAL REG. MAY 5-58

REGISTRAR'S SIGNATURE *Mrs. Ella Hunter*

25. FUNERAL DIRECTOR'S SIGNATURE *Welsh Funeral Home*

ADDRESS *Sikeston Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 8 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 550-

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
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Heaton 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.