

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16268

State File No. _____

Registrar's No. 31

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>6290</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural S. Benton</u>		c. LENGTH OF STAY (in this place) <u>300</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural S. Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Buffalo, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>Buffalo, MO.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>F.</u> c. (Last) <u>Bowman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-1950</u>		
5. SEX <u>MA</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>11-25-1871</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR: Months <u>6</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Rich Fountain, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joshua Bowman</u>			
13b. MOTHER'S MAIDEN NAME <u>Sophia McGee</u>		14. NAME OF HUSBAND OR WIFE <u>Ida D. Bowman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Spanish-American</u>		16. SOCIAL SECURITY NO. <u>Spanish-American</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida D. Bowman</u> ADDRESS <u>Buffalo, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Metastatic Ca</u> DUE TO (c) <u>Carcinoma of Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>		
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) (Min.)		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 <u>July 1948</u> , to <u>June 1950</u> , that I last saw the deceased alive on <u>June 1950</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>O. A. Buffin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Buffalo, MO.</u>		23c. DATE SIGNED <u>10 June 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-12-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ME. Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery-Vaughan</u> ADDRESS <u>Buffalo, MO.</u>		26. DATE REC'D BY LOCAL REG. <u>6/15/50</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1951 JUN 22 12:12 PM
JUN 22 1950

RECEIVED 6-12-50
District Health Officer No. 7,
District File Number 5-50-65
Date Filed 6-12-50

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 Clyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo, 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.