FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19800

BIRTH NO. 6-13-50 REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5334 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL POLK
c. LENGTH OF STAY (in this place): 33yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EVERTON. R#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: DADE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL POLK 0290 1
d. STREET ADDRESS (If rural, give location): EVERTON R#1

3. NAME OF DECEASED (Type or Print): a. (First) F. b. (Middle) PARKER c. (Last) BOWMAN

4. DATE OF DEATH: (Month) JUNE (Day) 21 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: December 30, 1863

9. AGE (In years last birthday): 86 IF UNDER 1 YEAR Months 3 Days 17 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): COLE Co. MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SAMUEL BOWMAN

13b. MOTHER'S MAIDEN NAME: NANCY JANE SEALS

14. NAME OF HUSBAND OR WIFE: BELLE BOWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: BELLE BOWMAN, EVERTON R#1

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — 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) Acquired Stenosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
5600

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) m. — 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 6-8, 1950, to 6-11, 1950, that I last saw the deceased alive on 6-10, 1950, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE: H O Cowan (Degree or title) M.D. — 23b. ADDRESS: Greenfield. — 23c. DATE SIGNED: 6-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 24b. DATE: JUNE 13, 1950 — 24c. NAME OF CEMETERY OR CREMATORY: HAMPTON CEMETERY — 24d. LOCATION (City, town, or county) (State): Dade Co. Mo.

DATE REC'D BY LOCAL REG.: 6-13-50 — REGISTRAR'S SIGNATURE: Leo L. Weir — 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: DRUM FUNERAL SERVICE Ad Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

. No. 300
. 10.48

DISTRICT HEALTH OFFICE #6
MONETT, MISSOURI

Rec 7-3-50
File - 750 - [illegible]
7-5-50

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 Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address Elk Grove 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.