

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19818

5390

Registrar's No. 44

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5390		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Springcreek Twp 50yrs				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Springcreek Twp 50yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) Stonehill Rt. Salem, Missouri			
3. NAME OF DECEASED (Type or Print) Lydia		a. (First) b. (Middle) Catherine		c. (Last) Bowman		4. DATE OF DEATH (Month) (Day) (Year) June 3 1950	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Peter Guthertol		13b. MOTHER'S MAIDEN NAME Missouri Jane Earney		14. NAME OF HUSBAND OR WIFE William Henry Bowman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clifford Bowman, St. Louis, Missouri			
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) Coronary Heart Disease 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. 4201				INTERVAL BETWEEN ONSET AND DEATH 7 yrs. 7 mo. 7 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none - no operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE no		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 <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 Nov 16, 1949, to June 3, 1950, that I last saw the deceased alive on June 3, 1950, and that death occurred at 5:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE R.H. Hunt M.D. (Degree or title)				23b. ADDRESS Salem, Mo		23c. DATE SIGNED 6/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Dent County, Missouri	
DATE REC'D BY LOCAL REG. 6-16-50		REGISTRAR'S SIGNATURE M.M. Hunt, M.D. 883		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cal K. Spencer Salem, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

6-19-50
District Health Officer No. 8,
District File Number 650345
Date Filed 6-19-50

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, as by

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Licensed Embalmer No. 3806

P. O. Address Salem, Me

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.