

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21236

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 33

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>RAY</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - GRAPE GROVE</u>		a. STATE <u>MO.</u>		b. COUNTY <u>RAY</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - GRAPE GROVE</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. Northeast of Richmond</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME OF SISTER - N.E. of Richmond</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>DANIEL</u>	b. (Middle) <u>CHESTER</u>	c. (Last) <u>BOWMAN</u>	(Month) <u>JUNE</u>	(Day) <u>13</u>	(Year) <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>AUG. 21, 1879</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR <u>9</u>	11. UNDER 12 HRS. <u>23</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		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>CHESTER BOWMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY McDONALD</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>MYRTIE BOWMAN</u> ADDRESS <u>HARDIN, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC Myocarditis</u>				<u>3 days</u>	
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>HYPERTENSIVE</u>					
		DUE TO (c)					
		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 <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) (Min)		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 <u>JUNE 1, 1950</u> to <u>JUNE 13, 1950</u> , that I last saw the deceased alive on <u>JUNE 12, 1950</u> and that death occurred at <u>12:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. E. Gay M.D.</u>				23b. ADDRESS <u>Richmond, Mo. 613-50</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 14 - 1950</u>		REGISTRAR'S SIGNATURE <u>Maluf Jackson</u> 273		25. FUNERAL DIRECTOR'S SIGNATURE <u>Krischild & Borcharding</u> ADDRESS <u>Hardin, Mo.</u>			

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

RECEIVED

JUN 20

District Health Officer No. 8,

District File Number.....

Date Filed 6-29-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed August Borcharding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.