

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

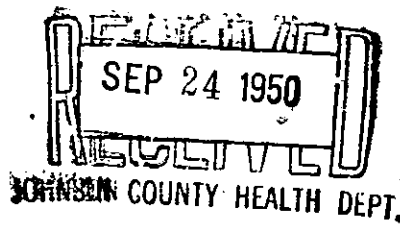
33955

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>5601</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural; Warrensburg TWNS</u>				c. LENGTH OF STAY (in this place) <u>84 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. South of Warrensburg, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. South of Warrensburg, Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>John W. Bowman</u>			a. (First) <u>John</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Bowman</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15 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>Oct. 9, 1859</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith, retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (State or foreign country) <u>Richmond Co., Wisconsin</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Shephard</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James F. Bowman</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>Cerebral Vascular Disease</u> ANTECEDENT CAUSES Morbidity 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.  19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>172</u>  <u>153X</u> 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>Sept. 1</u> , 19 <u>50</u> , to <u>Oct. 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 16</u> , 19 <u>50</u> , and that death occurred at <u>2:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. H. D.</u>				23b. ADDRESS <u>Warrensburg, MO</u>		23c. DATE SIGNED <u>Oct. 15, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brethren Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Johnson Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Sarah Ann</u>		147 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. ...</u>		ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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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 Frederick E. Williams Jr.

Licensed Embalmer No. 45710

P. O. Address Clinton, 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.