

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37923

State File No.

FILED NOV 24 1950

BIRTH NO.		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Permeat</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Permeat</u>			
b. CITY (If outside corporate limits, write R.U.R. and give township) <u>Cassethersville</u>		c. LENGTH OF STAY (In this place) <u>0782</u>		c. CITY (If outside corporate limits, write R.U.R. and give township) <u>Cassethersville</u>		d. STREET ADDRESS (If rural, give location) <u>East 3rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JESSE</u>		b. (Middle) <u>URVIN</u>		c. (Last) <u>BAWMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 13 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>May-4-1881</u>		9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>6</u>		11. DAYS <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Print Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Cass Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. H. Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Dillion</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>34-22-7118</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanch anal</u>		18. ADDRESS <u>For city. Ind.</u>		19. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown - This person</u> <u>died without medical attention</u> (b) <u>did not receive medical attention</u> (c) <u>attention</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7955</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		21. DATE OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at work</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>For city. Ind.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11-14-1950</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ OR NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>at work</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE <u>James A. Palmer</u>	
23b. ADDRESS <u>Warrell, Mo.</u>		23c. DATE SIGNED <u>11-14-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>11-14-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>old follow</u>		24d. LOCATION (City, town, or county) (State) <u>For city. Ind.</u>		DATE REC'D BY LOCAL REG. <u>11-21-1950</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Walker</u>	
25. FEDERAL DIRECTOR'S SIGNATURE <u>La Forge</u>		ADDRESS <u>La Forge</u>		26. DATE <u>11-21-1950</u>		27. SIGNATURE <u>La Forge</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11-50-296

NOV 27 1950

DEC 13 1950

NOV 22 REC'D

S. B. Beecher, M. D.,
Pomiscot County Health Department,
Gruthersville, Missouri

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 Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Carruthersville, 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.