No. 300
10-48

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

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38079

BIRTH NO. _____ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 3056 Registrar's No. 380

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Cambria 0610
d. STREET ADDRESS (If rural, give location): -------

3. NAME OF DECEASED (Type or Print)
a. (First): Emmett
b. (Middle): Floyd
c. (Last): Bowman

4. DATE OF DEATH (Month) (Day) (Year): II - 13 -50

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 7, 1888
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months -, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Lucerne, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Wm. Henry Bowman
13b. MOTHER'S MAIDEN NAME: Belle Torrey
14. NAME OF HUSBAND OR WIFE: Grace 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.: 707-09-5209
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Elmo Bowman, Bucklin, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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) Carcinoma of the Left Bronchus — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) none
DUE TO (c) — 165X

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Acute Cystitis — 2 mo.

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* Nov 5, 1950, *to* Nov 13, 1950, *that I last saw the deceased alive on* Nov. 13, 1950, *and that death occurred at* 9:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Lemming, Jr. M.D.
23b. ADDRESS: Moberly, Mo.
23c. DATE SIGNED: Nov. 14 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-50
24c. NAME OF CEMETERY OR CREMATORY: New Cambria Cemetery
24d. LOCATION (City, town, or county) (State): New Cambria, Mo.

DATE REC'D BY LOCAL REG.: 11-15-50
REGISTRAR'S SIGNATURE: Leola Williams 269 Coop
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. E. Gillelan / New Cambria Mo

(Licensed Embalmer's Statement on Reverse Side)

056101 550

Date Received: NOV 20 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1
Date Filed: NOV 22 1950

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 H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.