

S. No. 300  
rv. 10.46

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11300

State File No. ....

1060

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 2193 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Taney</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Paint Lickout mo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Paint Lickout 1060</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>					
3. NAME OF DECEASED (First) <u>Carrie</u>		b. (Middle) <u>none</u>	c. (Last) <u>Bowman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 9, 1897</u>	9. AGE (In years last birthday) <u>58</u>	10. F UNDER 1 YEAR Months
					11. F UNDER 1 YEAR Days
					12. F UNDER 1 YEAR Hours
					13. F UNDER 1 YEAR Min.
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Clayton Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Bowman</u>	
14. NAME OF HUSBAND OR WIFE <u>Emity Bowman</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>Emity Bowman</u>		18. ADDRESS <u>Paint Lickout mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of throat and face</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>did not believe in medical care</u>			1998		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		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>3-27</u> , 19 <u>51</u> , to <u>3-27</u> , 19 <u>51</u> , that I last saw the deceased <u>live</u> <u>3-27, 1951</u> , and that death occurred at <u>6 p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Darryl Forrest Bowman</u>			23b. ADDRESS <u>3 Branson MO</u>		23c. DATE SIGNED <u>3-28-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye mo</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Eye mo</u>	
DATE REC'D BY LOCAL REG. <u>Mon 31-1951</u>		REGISTRAR'S SIGNATURE <u>A E Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel H. Home</u> ADDRESS <u>Branson mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED; APR 2 1951

Dist. File 457-680

Date Filed 4-2-51

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.....

*Minnie L. Whelchel*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2277

P. O. Address Brunson 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.