

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15621

State File No.

Registrar's No. 576

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural:</u> <u>0020</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2 1/2 Mi. N. E. of Nodaway R.R.#1</u>			
3. NAME OF DECEASED (Type or Print) <u>Ida</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Bowman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>November 7, 1896</u>	
9. AGE (In years last birthday) <u>54</u>		10. AGE (In years last birthday) <u>54</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>			
13a. FATHER'S NAME <u>G. B. Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Lena unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Clarence Bowman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Clarence Bowman, Amazonia, Missouri</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>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr myo Carditis & Enlargement of Heart.</u> DUE TO (c) <u>Chr Cardio - Vascular</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive disease</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>443X</u>			
20. AUTOPSY? YES ☐ NO ☒				21. HOW DID INJURY OCCUR?			
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?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar</u> , 19 <u>51</u> , to <u>5-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-24</u> , 19 <u>51</u> , and that death occurred at <u>5:50A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>McGrinnis Mrs</u>				23b. ADDRESS <u>St Joseph Mo</u>			
23c. DATE SIGNED <u>May 25, 1951</u>				23d. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/27/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>May 31, 1951</u> <u>Carl C. Cash</u> <u>Horton-Bowman Funeral Home St Joseph, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>May 31, 1951</u> <u>Carl C. Cash</u> <u>Horton-Bowman Funeral Home St Joseph, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>May 31, 1951</u> <u>Carl C. Cash</u> <u>Horton-Bowman Funeral Home St Joseph, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>May 31, 1951</u> <u>Carl C. Cash</u> <u>Horton-Bowman Funeral Home St Joseph, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Kenneth E. Hayes Student Embalmer No. 428
working under my personal supervision.

Student Kenneth E. Hayes
Student Embalmer

Signed William J. Gledhill

Licensed Embalmer No. 4535

P. O. Address 3195 10th St. N. W. Minneapolis, Minn.

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.