D. CITY (II outde compress limits, write RIFEL and give or CRIFE OF OR COLOR TOWN Cape Girardeau D. CITY (II outde compress limits, write RIFEL and give or consulted to TOWN Cape Girardeau C. CITY (II outde compress limits, write RIFEL and give township) G. FULL MANE OF (II cost in begind or leadination, give street address or location) DECEASED (A. PULL MANE OF (II cost in begind or leadination, give street address or location) INSTITUTION (B. PULL MANE OF (II cost in begind or leadination, give street address or location) INSTITUTION (Cape Girardeau G. CITY (II outde compress limits, write RIFEL and give township) ADARS OF (II runi, give location) ADARS OF (II runi, give location) ADARS OF (III cost in begind or leading or location) (II see the compression of the cost in begind or leading or location of the cost in begind or leading or location or leading or location or locatio	•	•	THE DIVISION	1 OF HEA	LTH OF MISSOL	JRI		4 FOOM
PLACE OF DEATH COUNTY Cape Girardeau 2 USUAL RESIDENCE (Where demanded lived, 1) institutions, relative Cape Girardeau C. LENGTH OF STAY (in this bacter) Cape Girardeau C. LENGTH OF STAY (in this bacter) Cape Girardeau C. LENGTH OF STAY (in this bacter) Cape Girardeau C. LENGTH OF STAY (in this bacter) Cape Girardeau Cape Cirardeau	FILED JUN	7 1951	STANDARD	CERTIFIC	CATE OF DEA	ATH SI	tate File No	15827
a. COUNTY Cape Girardeau b. CITY (If outdide serponte Units, write RURAL and effer towards) of TOWN Cape Girardeau c. CITY (If outdide serponte Units, write RURAL and effer towards) of TOWN Cape Girardeau d. FILL NAME of cit and is baseled to functioning, either serves address or bounded d. FILL NAME of cit and is baseled to functioning, either serves address or bounded d. FILL NAME of cit and is baseled to functioning, either serves address or bounded d. FILL NAME of cit and is baseled to functioning, either serves address or bounded d. FILL NAME of cit and is baseled to functioning, either serves address or bounded d. FILL NAME of cit and is baseled to functioning, either serves address or bounded d. FILL NAME of Cit and is baseled to functioning, either serves address or bounded (Cit and is baseled) d. FILL NAME of Cit and is baseled to functioning, either serves address or bounded (Cit and is baseled) 3. NAME of Cit and is baseled (Cit and is baseled) 6. CILAST OF DATE (Month) (Day)			REG. DIST. NO					
b. CITY of evaluate corporate limits, write RURAL and give orwandship) TOWN Cape GITATGEAN 6. FULL NAME OF (if not in bayeland or functionalise), give a stores decided in the company of the company o	COUNTY	4	lean		a. STATE	b. (COUNTY	admission)
G. FILL NAME OF (If any is biospiral or institution, give street address or toostion (If rank, give location) ACPL N. Street S. STREET ADDRESS A. ACCION OR RACE (Pirst) I. DEE I. BOWMAN I. DEE I. BOWMAN I. DEE I. BOWMAN I. DEE I. BOWMAN I. DEATH MATY 29, 1957 II. SITHPLACE (Instead or foreign controll) MATT-1ed I. DEATH MATY 29, 1957 II. SITHPLACE (Instead or foreign controll) III. SITHPLACE (Instead or foreign controll	b. CITY (If outside col OR	porate limite, write RI	JRAL and give c. LE township) STAY	(in this place)	C. CITY (If outside one OR TOWN	porate limite, write RURA	L and give town	ehip)
3. ANAME OF DECEASED I. (First) b. (Middle) c. (Last) 4. DATE (Month) (Day) C. DECEASED I. (First) b. (Middle) c. (Last) 4. DATE (Month) (Day) C. DECEASED I. (First) b. (Month) (Day) C. DECEASED I. (First) b. (Middle) d. DATE OF BIRTH J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. ANAMARIED J. (Middle) d. DATE OF BIRTH J. J. BRYTHPI. A. DATE OF DIRECTORY J. J. INFORMANT'S SIGNATURE OR NAME J. DATE OF OFFICAL SECURITY J. J. INFORMANT'S SIGNATURE OR NAME J. J. DISEASE OR CONDITION J. DIS	d. FULL NAME OF (HOSPITAL OR INSTITUTION	If not in hospital or in	stitution, give street address		d. STREET	(H rural, give location)	<u></u>	6
Type or Print T.EE I BOWMAN DEATH May 29 1951		<u>UCT. #1 *}</u>		<u>-</u>	c. (Last)	4. DATE	•	(Day) (Year)
10b. LSUAL OCCUPATION (Chreshaded work deated at work deated at the property of the property o			OWMAN 7. MARRIED, NEVER M	IARRIED!	B, DATE OF BIRTH	DEATH	yeard or weeks	YEAR D IDEDED IN HIS
Attorney 3a. Father's NAME Miles Bowman Is Was Decased Ever in U.S. Armed Forces? (Yes, no. or unknown) (If yes, site war or dates of earthon) 1B. CAUSE OF DEATH Enter only one onuspope: 1B. CAUSE OF DEATH (a) 2B. ANTECEDENT CAUSES Anticle on one onuspope: 1B. OTHER SIGNIFICANT CONDITIONS 1B. OTHER SIGNIFICANT CONDITIONS 1B. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUDICIONAL STATES OF COUNTY 21b. MAJOR FINDINGS OF OPERATION 21c. (CITY. TOWN. OR TOWNSHIP) (COUNTY) (STATE OF COUNTY) 21d. TIME 21d. TIME (Moath) (Day) (Yess) (Hour) (Plant) (Moath) (Day) (Yess) (Hour) (Degree or titile) (Degree o	M 0	W	<u> </u>	ed _		1878 73		Payre Hours Min.
38. FATHER'S NAME MILES BOWMAN MILES BOWMAN MILES BOWMAN MALE STATE BOWMAN MEDICAL CERTIFICATION M	done during most of working	N (Give kind of work g life, even if retired)	106. KIND OF BUSINE	DUSTRY		,	0	12. CITIZEN OF WHAT COUNTRY
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. DECEASED IN U.S. Eleanor Bowman, Cape Gir. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbid conditions, if any, ciping DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or condition contributing to the decease or condition contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or condition contributing to the decease or condition contributing to the death but not related to the decease or condition contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease or conditions contributing to the death but not related to the decease or conditions contributing to	3a. FATHER'S NAME				AME	14. NAME OF HUSE		E
IB. CAUSE OF DEATH Enter only one onusper line for (a), (b), and (c) *This does not meen the mode of dying, such the only one onusper line for (a), (b), and (c) *This does not meen the mode of dying, such the mode of dying, such the only one onusper line for (a), (b), and (c) *This does not meen the mode of dying, such the one of dying, such the such clause Antecedent Causes Antecedent C	WAS DECEASED EVE	R IN U.S. ARMED F	ORCES? 16. SOCIAL	SECURITY			NAME	ADDRESS
Enter only one one oper line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, eatheria, etc. It means the disease, injury, or complication which caused death. III. OTHER SIGNIFICANT CONDITIONS DUE TO (c) Total does not mean the disease or conditions, if any, giving DUE TO (b) as heart failure, eatheria, etc. It means the disease or conditions contributing to the death but not related to the disease or conditions couring death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition couring death. III. OTHER SIGNIFICANT (EDUTED COUNTY) C	- Tra		<u> </u>	EDICAL CE		nor Bowman	, Cape	I INTERVAL RETWEEN
the mode of gings, such as heart failure, attente, etc. It means the discovered action which caused death. Morbid conditions, if any, gloing DUE TO (b) The mode of gings, such as heart failure, attente, etc. It means the discovered action the interior course (a) stating the underlying cause last. DUE TO (c) Guillions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF (Day) (Year) DUE TO (c) Guillions contributing to the death but not related to the disease or condition causing death. 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF (NUTY) 21b. PLACE OF INJURY (s.e., in or about bome, farm, factory, street, affice bidg, set.) POF (NUTY) 21d. How DID INJURY OCCUR? WHILE AT WORK 21f. HOW DID INJURY OCCUR? WHILE AT WORK 22g. SIGNATURE (Degree or title) 23b. ADDRESS LAUGUS DATE May 31 1951 Memorial Park Cape Girardeau, Mo. DATE REC'D BY LOCAL ARGISTRAR'S SIGNATURE (A) Cape Girardeau, Mo. DATE REC'D BY LOCAL ARGISTRAR'S SIGNATURE (A) DATE REC'D BY LOCAL ARGISTRAT'S SIGNATURE (A) DATE REC'D BY LOCAL ARGISTRAT'S SIGNATURE (A) DATE REC'D BY LOCAL ARGISTR	Enter only one cause per	I. DISEASE OR CO DIRECTLY LEAD!	NDITION NG TO DEATH*(a)	Ceul	ral 71	hornos	io	ONSET AND DEATH 2 Day
as heart failure, asthenia, etc. It means the disc. If near the disc course last. DUE TO (c) DUE TO (c) Grant of order course last. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Ounditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Ounditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Ounditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Ounditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Ounditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS OUNDITION (Grant) III. OTHER SIGNIFICANT CONDITIONS OUNDITION (Grant) III. OTHER SIGNIFICANT CONDITIONS OUNDITION (COUNTY) III. OTHER SIGNIFICANT CONDITIONS OUNDITION (Grant) III. OTHER SIGNIFICANT CONDITIONS OUNDITIONS O		Morbid conditions	if any, dising DUE TO	(b) <u>a</u>	iteis S	ellerose	0	
tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY. TOWN, OR TOWNSHIP) 21d. ACCIDENT SUICIDE (Bpecity) 21d. PLACE OF INJURY (e.g., in or about bome, farm, tectory, street, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hoar) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED 21d. TIME (Month) (Day) (Year) (Hoar) 21e. INJURY OCCURRED AT WORK 22. I hereby certify that I altended the deceased from May A WORK AT WORK 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE STATE (Degree or title) 24d. LOCATION (City, town, or county) (STATE OF INDICATION, REMOVAL (Bpecity) May 31 1951 Memorial Park Cape Girardeau, Mo. DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 44 25c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5-30-/951 (O. C., Indicated the control of the state of the sta	etc. It means the dis-	rise to the above ca the underlying caus	use (a) stating le last.		jeules	liged	and the	1 lac
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., to or about bome, farm, factory, street, office bidg., sto.) 21c. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATION OF TOWNSHIP) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22 I hereby certify that I attended the deceased from May AT WORK 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Bay 31 1951 May 31 1951 Memorial ADATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25 FUNERAL DIRECTOR'S SIGNATURE Care Directors ADDRESS 25 FUNERAL DIRECTOR'S SIGNATURE Care Directors		II. OTHER SIGNIF Conditions contributed to the disease	ICANT CONDITIONS ting to the death but not e or condition causing deat		F 3			<i>V</i>
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY) 21f. How DID INJURY OCCUR? WHILE AT WORK AT WO	19a. DATE OF OPERATION			,		33:	2 X	20. AUTOPSY1
22. I hereby certify that I attended the deceased from May 197, to May 9, 195, that I last saw the de alive on May 29, 195, and that death occurred at 6 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24a. BURIAL. GREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (B) RIDTIAL CAPE GIRAGE MAY 31, 1951 Memorial Park Cape Girardeau, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5-30-1951 (O. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	21a. ACCIDENT SUICIDE HOMICIDE				tc. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)
alive on May 29, 19 1, and that death occurred at 6 4 m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24a. BURIAL. CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (B) 110N, REMOVAL (Bpoolty) May 31, 1951 Memorial Park Cape Girardeau, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5-30-1951 (O. C. S.	21d. TIME (Month) OF INJURY	(Day) (Year) (E			21f. HOW DID INJURY	OCCURT	_	
23a. SIGNATURE (Degree or title) 23b. ADDRESS (Language M.) 24c. Date Survey 24d. Location (City, town, or county) (Bay 31 1951 Memorial Park Cape Girardeau, Mo.) Date rec'd by Local Registrar's Signature (Degree or title) 23b. ADDRESS (Language M.) 24d. Location (City, town, or county) (Bay 31 1951 Memorial Park Cape Girardeau, Mo.) Date rec'd by Local Registrar's Signature (Compared Monthly Compared Monthly Cape Birardeau, Mo.)			,	curred at _c	7 A			
Birial May 31.1981 Memorial Park Cape Girardeau, Mo. Date REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5-30-1951 (O. C.) Language Waltheir Fameral Home Came Rich		AD C	austell "	ee or title)	23b. ADDRESS	Louise	lean	230. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5-30-1951 (O. C. Summeral Walthern Fameral Home Come Director)	24a. BURIAL, CREMA- TION, REMOVAL (Breedly)		//	_				ty) (State)
	DATE REC'D BY LOCAL					TOR'S SIGNATURE		DRESS
(Licensed Embalmer's Statement on Reverse Side)	5-30-1951	10. to.x	Cinned 5		Walthern 7	uneral Home	e Cane	Dir mo.

RECEIVED

JUN 5 1951

DISTRICT HEALTH OFFICE No. 6

STATEMENT BY LICENSED EMBALMER

I	hereby certify	that the bo	dy whose nan	ne is recorded o	n the reverse	side of this	certificate	was embalm	ed by me,	or by	
	_	······		***************************************		······································	Student	Embalmer	Mo		

working under my personal supervision,

Signed Licensed Embalmer No. 144

P. O. Address Case Seinandaus

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.