

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17056

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 155 | | PRIMARY REG. DIST. NO. 3127 | | Registrar's No. 95 | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Webb City | | | | c. CITY (If outside corporate limits, write RURAL and give township) Webb City | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1020 Crow St. | | | | d. STREET ADDRESS (If rural, give location) 1020 Crow St. | | | |
| 3. NAME OF DECEASED (Type or Print) JOHNIE | | a. (First) RAY | | c. (Last) BOWMAN | | 4. DATE OF DEATH (Month) (Day) (Year) June 4, 1951 | |
| 5. SEX 0 Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH July 15, 1945 | |
| 9. AGE (In years last birthday) 5 | | 10. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (State or foreign country) Webb City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Robert J. Bowman | | 13b. MOTHER'S MAIDEN NAME Ruth Askins | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Robert J. Bowman Webb City, Mo | | | |
| 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) Suffocation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inhaling rubber balloon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 6 min. 10 min. E. 9225 46 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Inhaled balloon when fell off bicycle | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webb City Jasper MO. | | 21f. HOW DID INJURY OCCUR? Started to fall off bicycle - had balloon in mouth. Inhaled balloon. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 4 51 5:15 pm | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from 2-4, 1951, to 6-4, 1951, that I last saw the deceased alive on 6-11, 1951, and that death occurred at 5:20 p. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) J. H. Hutchins MD | | | | 23b. ADDRESS Webb City Mo | | 23c. DATE SIGNED 6/5/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 6, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery | | 24d. LOCATION (City, town, or county) (State) Carterville, Missouri | |
| DATE REC'D BY LOCAL REG. June 6, 51 | | REGISTRAR'S SIGNATURE J. H. Hutchins MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis | | ADDRESS Webb City, Missouri | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-11-51
Jasper County Health Office
County File Number 51/6/487
Date Filed 6-11-51

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 _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Richard Gray Lewis

Licensed Embalmer No. 4400

P. O. Address Webb City, 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.