

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34657

BIRTH NO. 70876-51		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN UNIONVILLE		c. LENGTH OF STAY (in this place) 6 HOURS		c. CITY (If outside corporate limits, write RURAL and give township) TOWN RURAL BUCHANAN TOWNSHIP		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital				d. STREET ADDRESS (If rural, give location) LEMONS			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WILSON c. (Last) BOWMAN				4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 15 1951			
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH OCT. 15 1951	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEVER WORK		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (State or foreign country) UNIONVILLE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FREDRICK MARION BOWMAN		13b. MOTHER'S MAIDEN NAME JEAN ANN LANE		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FREDRICK MARION BOWMAN LEMONS, MISSOURI			
18. CAUSE OF DEATH Enter only one cause per line by (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) <i>Patent foramen ovale</i> INTERVAL BETWEEN ONSET AND DEATH 22 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 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		754-3		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)		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 Oct 15, 1951, to Oct 16, 1951, that I last saw the deceased alive on Oct 16, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. L. Judd R.O. 2				23b. ADDRESS Unionville Mo Oct 15-51		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 16 1951		24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) UNIONVILLE MISSOURI	
DATE REC'D BY LOCAL REG. 10-22-51		REGISTRAR'S SIGNATURE Marvell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE GOMSTOCK FUNERAL HOME BY J. W. Comstock		ADDRESS UNIONVILLE, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 29 1961
DISTRICT HEALTH OFFICE #1
District File Number 10-51-1
Date Filed: OCT 29 1961

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.....
Student Embalmer

Signed

James W. Constock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.