No. 300
10-48

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12202

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 137

143
2

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 4y 1m 25d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hos #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Booneville 0272
d. STREET ADDRESS (If rural, give location): 117 Second St

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE b. (Middle) EDWARD c. (Last) BOWMER

4. DATE OF DEATH (Month) (Day) (Year): April 17 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Nov 7 1864
9. AGE (In years last birthday): 87 — If under 1 year: Months 5 Days 10 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Howard Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Mahan Bowmer
13b. MOTHER'S MAIDEN NAME: Rena Wilcoxin
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dK (If yes, give war or dates of service) dK
16. SOCIAL SECURITY NO.: dK
17. INFORMANT'S SIGNATURE OR NAME: Newton W. Bowmer
ADDRESS: Booneville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): chr. myocarditis

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: senile psychosis simple type

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4222

22. *I hereby certify that I attended the deceased from* 4-16, 1952 *to* 4-17, 1952 *that I last saw the deceased alive on* 4-17, 1952 *and that death occurred at* 1:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J C Caldwell MD
23b. ADDRESS: State Hos Fulton Mo
23c. DATE SIGNED: 4-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 17-52
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
24d. LOCATION (City, town, or county) (State): Booneville Mo

DATE REC'D BY LOCAL REG.: April-17-1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426-0
25. FUNERAL DIRECTOR'S SIGNATURE: Goodman & Boller, J.H.G.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Bonville 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.