

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27693

State File No.

FILED SEP 15 1952

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4198		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) King City		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) King City		038	
d. FULL NAME OF HOSPITAL OR INSTITUTION King City				d. STREET ADDRESS (If rural, give location) King City			
3. NAME OF DECEASED a. (First) John (Type or Print)		b. (Middle) William Bowman		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept 4 1952	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Sept 15 1867	
9. AGE (In years last birthday) 84		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Union Star, Mo.	
12. CITIZEN OF WHAT COUNTRY? A		13a. FATHER'S NAME Reece Bowmwn		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Heltzel		14. NAME OF HUSBAND OR WIFE none	
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.		17. INFORMANT'S SIGNATURE OR NAME Miss Effie Bowman King 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH one hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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) (Min.)		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 9/4/52 , 19__, to 9/4/52 , 19__, that I last saw the deceased alive on 9/4/52 , 19__, and that death occurred at 5.45a m., from the causes and on the date stated above.							
23a. SIGNATURE D. Blacklock (Degree or title) 0 M.D.				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Sept 9-52		Flag Springs		West of King City, Mo	
DATE REC'D BY LOCAL REG. Sept 9-52		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE John K. Phillips		ADDRESS Shelby, Mo	

(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 _____

Student Embalmer No. _____

~~working under my personal supervision.~~

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 1898

P. O. Address Stoughton, MA

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.