

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37542**

FILED DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. <u>95-</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Savannah</u>		c. LENGTH OF STAY (in this place) <u>00 20</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) <u>Ollie</u>		a. (First)		b. (Middle) <u>Lee</u>		c. (Last) <u>BOWMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-6-52</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>March 3-1883</u>		9. AGE (in years last birthday) <u>69</u>		10. MONTHS <u>9</u>		11. DAYS <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automobile mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Turney Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Cyrus Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Wharton</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Deaver Bowman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-36-2424</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Bowman</u>			
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Sen. Arterio Sclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Aortic Regurgitation</u> <u>Myocardial Degeneration &amp; Stenosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 year</u> <u>5 years</u> <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April</u> , 1948, to <u>November</u> , 1952, that I last saw the deceased alive on <u>Dec 6</u> , 1952, and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Willard B. Kelly MD</u> (Degree or title)				23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>12-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>	
DATE REC'D BY LOCAL REG. <u>12-8-52</u>		REGISTRAR'S SIGNATURE <u>Lillian</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u>		ADDRESS <u>SAVANNAH MO</u>	

(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

*E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address

*Savannah 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.