

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42099

FILED DEC 21 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1282

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">5 months</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">1215 Powell St.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1215 Powell St.</p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Homer</p>	b. (Middle) <p style="text-align: center;">C.</p>	c. (Last) <p style="text-align: center;">Bowman</p>	(Month) <p style="text-align: center;">Dec. 8,</p>	(Day) <p style="text-align: center;">8,</p>	(Year) <p style="text-align: center;">1953</p>

5. SEX <p style="text-align: center;">male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">August 21, 1853</p>	9. AGE (In years last birthday) <p style="text-align: center;">100</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">farm</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">unknown</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		

13a. FATHER'S NAME <p style="text-align: center;">Benjamin F. Bowman</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">unknown O'Hara</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Dora</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mr. C. O. Bowman, 1215 Powell, St. Joseph, Mo.</p>	ADDRESS <p style="text-align: center;">1215 Powell, St. Joseph, Mo.</p>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">24 hrs</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Probable Thrombosis, Arteriosclerosis General</u> DUE TO (c) <u>Coronary Insufficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4201</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-11, 1953, to 12-8, 1952, that I last saw the deceased alive on 12-7, 1953, and that death occurred at 12:30a m., from the causes and on the date stated above.

23a. SIGNATURE 	(Degree or title)	23b. ADDRESS <p style="text-align: center;">316 W 11th St, City</p>	23c. DATE SIGNED <p style="text-align: center;">12-9-53</p>
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24a. BURIAL CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">12/10/1953</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Beimont Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Wathena, Kansas</p>
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DATE REC'D BY LOCAL REG <p style="text-align: center;">Dec 15, 1953</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Luther M. Allison</p>	485	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Heaton Bowman Funeral Home</p>	ADDRESS <p style="text-align: center;">St. Joseph, Mo.</p>
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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 Eugene Wood .....

Licensed Embalmer No. 3824

P. O. Address 319 So 16th St Joseph

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.