

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 755

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BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5392		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Watkins Twp.				c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) Life				e. STREET ADDRESS (If rural, give location) Rural Watkins Twp. 0230			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Watkins Twp.							
3. NAME OF DECEASED (Type or Print)		a. (First) Andy		b. (Middle) Cleveland		c. (Last) Bowman	
4. DATE OF DEATH		Jan. 20, 1954					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 15, 1890	
9. AGE (In years last birthday) 63		10. UNDER 1 YEAR Months Days		11. UNDER 2 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 Farmm		11. BIRTHPLACE (City and State or Foreign Country) Dent County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin F. Bowman		13b. MOTHER'S MAIDEN NAME Cordella Alley		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Oraa Montsinger, Rtl, Salem,			
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) Carcinoma (Small intestine)				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		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 152X				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) m.		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 1945, 19, to 1-20, 1954, that I last saw the deceased alive on 1-19, 1954, and that death occurred at 5:15 Am., from the causes and on the date stated above.							
23a. SIGNATURE J. S. L. J. L.		23b. ADDRESS 507 Salem, Mo.		23c. DATE SIGNED 1-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/21/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Hermon Cem.		24d. LOCATION (City, town, or county) (State) Dent County, Mo.	
DATE REC'D BY LOCAL REG. 1-21-54		REGISTRAR'S SIGNATURE Dr. M. Hart, M.D., 83-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blackwell - Wapfel, Salem, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Marshall C. Black

Licensed Embalmer No. 47

P. O. Address Salem

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.