

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**21763**

**FILED JUL 12 1954**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4480 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Fornfelt</u>	c. LENGTH OF STAY (In this place) <u>49 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fornfelt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FLORENCE</u>	b. (Middle) <u>SUREAL</u>	c. (Last) <u>BOWMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 8, 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>NEELY'S LANDING, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Garner</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Newt Bowman</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Fred Eifert</u> ADDRESS <u>Fornfelt Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>May 14 to June 29</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transition &amp; debilitation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of left hip &amp; left femur</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General arterio-sclerosis</u>		E9030 20	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Fornfelt Scott Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 14 54 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell over throw ring</u>
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22. I hereby certify that I attended the deceased from June 6, 1954, to June 25, 1954, that I last saw the deceased alive on July 2, 1954, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred W. Martin, D.O.</u>	23b. ADDRESS <u>Illmo, Mo.</u>	23c. DATE SIGNED <u>6/30/1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 1, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 1, 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. J. Dorris</u>	300-0 <u>300-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Diaplunghoff Funeral Home</u> ADDRESS <u>Illmo, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JUL 6 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 754-132

APR 15 1955

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

*Oliver Carmichael*

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.