

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21802**

No. 300
10-48

FILED JUL 6 1954

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **1157** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Stone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Stone		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Pine		c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Rural - Pine -		d. STREET ADDRESS (If rural, give location) 10450
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		

3. NAME OF DECEASED (Type or Print) a. (First) Kyle b. (Middle) _____ c. (Last) BOWMAN			4. DATE OF DEATH (Month) (Day) (Year) June 30 - 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept 7 - 1905		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Stone Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME A. D. Bowman		13b. MOTHER'S MAIDEN NAME Nancy Pauls Jones		14. NAME OF HUSBAND OR WIFE	
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. Does know		17. INFORMANT'S SIGNATURE OR NAME Charles H. Bowman	
				ADDRESS	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of right lung			INTERVAL BETWEEN ONSET AND DEATH 9 months
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Does know.			
		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 163X		
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 **6/30, 1954**, to **6/30, 1954**, that I last saw the deceased alive on **6/30, 1954**, and that death occurred at **12:01 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. T. Evans, M.D.		(Degree or title)		23b. ADDRESS Branon, Mo	
23c. DATE SIGNED 7/1/54		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/3/54	
24c. NAME OF CEMETERY OR CREMATORY Blue Earth Cemetery		24d. LOCATION (City, town, or county) (State) Blue Earth, Mo			

DATE RECD BY LOCAL REG. Jul 7 1954		REGISTRAR'S SIGNATURE Walter G. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Edith Harrison Ark	
				ADDRESS	

WRITE PLAINLY—USING UNEADING 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 Genevieve Ragan

Licensed Embalmer No. 6980

P. O. Address Harrison Ark

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.