

STANDARD CERTIFICATE OF DEATH

37883

State File No.

No. 300
10.48

FILED DEC 10 1954

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 98

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

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>	c. CITY OR TOWN <u>RURAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>CROOKED RIVER TWP. 0890</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PHYLLIS</u> b. (Middle) <u>KATHRYN</u> c. (Last) <u>BOWMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 24, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>JAN. 3, 1932</u>	
9. AGE (In years last birthday) <u>22</u>		If UNDER 1 YEAR: Months _____ Days _____	If UNDER 2 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>HARDIN, Mo.</u>	
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 <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>FORREST BALLARD</u>		13b. MOTHER'S MAIDEN NAME <u>LORENE DEMINT</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT BOWMAN</u>
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. <u>missing</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LORENE BALLARD - HARDIN, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thermal burns 60% 1 mo.</u>		<u>3 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9160 16</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hardin 089 Ray Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 23 1954 2PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Casualty fire</u>	

22. I hereby certify that I attended the deceased from 10/23, 1954, to 11/24, 1954, that I last saw the deceased alive on 11/24, 1954, and that death occurred at 5:30 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph W Rely M.D.</u>		23b. ADDRESS <u>Lexington Mo</u>		23c. DATE SIGNED <u>11-26-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-4-54</u>		REGISTRAR'S SIGNATURE <u>M. M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>... Hardin, Mo.</u>	
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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..... *August Borchering*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, T.*

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.