

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38408

State File No.

BIRTH NO.		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>4446</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>RAY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN</u> c. LENGTH OF STAY (In this place) <u>1 week</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME OF DAUGHTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u> c. CITY OR TOWN <u>HARDIN</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0890</u>			
3. NAME OF DECEASED (Type or Print) <u>MARGARET E. BOWMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1954</u>		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>SEPT. 7, 1888</u>		9. AGE (In years last birthday) <u>66</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>South Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>MARION STAIR</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA MILLER</u>	
14. NAME OF HUSBAND OR WIFE <u>ALLEN C. BOWMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARIE SMITH</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 <u>11-10</u> , 19 <u>54</u> , to <u>11-29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-29</u> , 19 <u>54</u> , and that death occurred at <u>11:44</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry S. Hollway, M.D.</u>		23b. ADDRESS <u>Hardin, Mo.</u>		23c. DATE SIGNED <u>11-30-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wakende Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 2-1954</u>		REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kieferchild Bookending</u>			
				ADDRESS <u>Hardin, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doc 12-2-10

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 Borchert

Licensed Embalmer No. 4678

P. O. Address Harding

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.