

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4194		Registrar's No. 59	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		c. LENGTH OF STAY (in this place) 2 weeks		c. CITY OR TOWN Gentryville		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Albany Rest Home				e. STREET ADDRESS (If rural, give location) 0280			
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) Edward		c. (Last) Bowman	
4. DATE OF DEATH		(Month) May		(Day) 9		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1870 Sept. 9, 1870	
9. AGE (In years last birthday) 84		10. MONTHS 8		11. BIRTHPLACE (City and State or Foreign Country) Berlin, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming		13a. FATHER'S NAME Andrew Jackson Bowman		13b. MOTHER'S MAIDEN NAME Mary Jane Dix	
13c. NAME OF HUSBAND OR WIFE Emma Bowman		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE OR NAME Mrs. Richard Miller Gentryville,	
16. ADDRESS		17. 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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobes pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. INTERVAL BETWEEN ONSET AND DEATH 2 days 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐		490 X	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 4-29, 1955, to May 9, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred at 3:05 P.M., from the causes and on the date stated above.		23a. SIGNATURE O. C. St. Pray, D.O.	
23b. ADDRESS Albany		23c. DATE SIGNED 5-10-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-11-55	
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State)		25. REGISTRAR'S SIGNATURE Maude Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albany Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 William George Noble, Student Embalmer No. 513, working under my personal supervision..

Student William George Noble
Signature of Student Embalmer

Signed W. G. Noble

Licensed Embalmer No. 2908

P. O. Address Ward Hampton

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.