

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17944**

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 260			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY OR TOWN Cape Girardeau		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1527 New Madrid ST				STREET ADDRESS (If rural, give location) 1527 New Madrid ST 01670					
3. NAME OF DECEASED (Type or Print) SARAH		a. (First)		b. (Middle) A.		c. (Last) BOWMAN			
4. DATE OF DEATH June 17, 1955		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH August 13, 1860		9. AGE (In years last birthday) 94		10. IF UNDER 1 YEAR Months 10 Days 4 Hours Min. 		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo.			
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME James W. Hopper		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Miles W. Bowman			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leo Wagner Cape Girardeau, Mo					
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) Myocardial ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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) 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 1/10 19 43 to 6/16/55 , 19 55 , that I last saw the deceased alive on 6/16/55 , and that death occurred at 10 m., from the causes and on the date stated above.									
23a. SIGNATURE (Describe or title) W. H. Leach				23b. ADDRESS 24 N. Spring		23c. DATE SIGNED 6/18/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 18		24c. NAME OF CEMETERY OR CREMATORY Fairmont		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.			
DATE REC'D BY LOCAL REG. 6-18-55		REGISTRAR'S SIGNATURE W. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walthers Funeral Home, Cape Girardeau, 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William Lee Thomas*

Licensed Embalmer No. *2727*

P. O. Address *Cape Girardeau*

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.