

FILED OCT 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35647

State File No. 149

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 149	
1. PLACE OF DEATH a. COUNTY Scott b. CITY (If outside corporate limits, write RURAL and give township) Sikeston c. LENGTH OF STAY (in this place) 6 Days d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid c. CITY OR TOWN New Madrid d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ STREET ADDRESS (If rural, give location) 0721			
3. NAME OF DECEASED (Type or Print) a. (First) Jim b. (Middle) ---- c. (Last) Bowman		4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-19-1893		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Hickman, Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Bowman		13b. MOTHER'S MAIDEN NAME Lula Henderson		14. NAME OF HUSBAND OR WIFE Sallie Jennings			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. 498-24-0319		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sallie Bowman, New Madrid, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Burns, 1, 2 & 3° (82%) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9161				INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 6 das.	
19a. DATE OF OPERATION 9/6/55		19b. MAJOR FINDINGS OF OPERATION Burns, 1, 2 & 3°		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) 072 New Madrid (COUNTY) Mo. (STATE)			
21d. TIME OF INJURY (Month) 9 (Day) 6 (Year) 55 (Hour) 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? Pouring gasoline in tractor, motor running			
22. I hereby certify that I attended the deceased from 9-6 , 19 55 , to 9-12 , 19 55 , that I last saw the deceased alive on 9-12 , 19 55 , and that death occurred at 9:15 A. m., from the causes and on the date stated above.							
23a. SIGNATURE William J. Bowman (Degree or title) Phys.				23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 9/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 13 Sept. 55		24c. NAME OF CEMETERY OR CREMATORY Bucyrus		24d. LOCATION (City, town, or county) New Madrid Mo (State)	
DATE REC'D BY LOCAL REG. 10-20-55		REGISTRAR'S SIGNATURE Mrs. Clara L. Linder		25. FUNERAL DIRECTOR'S SIGNATURE Richards Undert Co. ADDRESS New Madrid			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED

OCT 24 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1055-222

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

James B. Doherty
488

Licensed Embalmer No.....

P. O. Address

New Market

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.