

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39674

FILED JAN 3 - 1956

42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 1360

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry Co			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN King City		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 Mo. Methodist Hospital				e. STREET ADDRESS (If rural, give location) 2387			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Lewis		c. (Last) Bowman		4. DATE OF DEATH (Month) (Day) (Year) 12.20.1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 3.14.1867	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper man		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and State or Foreign Country) Davis City, Iowa		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Samuel Bowman		13b. MOTHER'S MAIDEN NAME Emma Arnold.		14. NAME OF HUSBAND OR WIFE Maggie A. 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 L.N. Bowman. King City 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) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200				INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Dec 10, 1955, to Dec 20, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 2 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert P. Parnish		23b. ADDRESS King City Mo		23c. DATE SIGNED 12-23-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12.23.55		24c. NAME OF CEMETERY OR CREMATORY King City		24d. LOCATION (City, town, or county) (State) King City Mo.	
DATE REC'D BY LOCAL REG. Dec 29, 1955		REGISTRAR'S SIGNATURE E. M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE R. J. Taggart		ADDRESS King City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

R. H. Taggart

Licensed Embalmer No. 2563.....

P. O. Address King City Mo.....

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.