

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26033
Registrar's No. 966

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 966	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (In this place) 9 mo 29		c. CITY OR TOWN Maryville		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 State Hospital #2				e. STREET ADDRESS (If rural, give location) Nursing home			
3. NAME OF DECEASED (Type or Print) a. (First) NINA		b. (Middle) ANN		c. (Last) BOWMAN		4. DATE OF DEATH (Month) 9 (Day) 2 (Year) 1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Oct 28, 1880	
9. AGE (In years last birthday) 75		10. UNDER 1 YEAR 10		11. UNDER 1 YEAR 4		12. UNDER 1 YEAR 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Quitman Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Bowman		13b. MOTHER'S MAIDEN NAME Barbara Jane (unknown)		14. NAME OF HUSBAND OR WIFE single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amy Bowman-1120 Felix, St Joseph, 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) Lobar pneumonia left lung ANTECEDENT CAUSES DUE TO (b) Recent hip fracture DUE TO (c) accidental fall to floor II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral arteriosclerosis 9047 45				INTERVAL BETWEEN ONSET AND DEATH 1 wk Aug 8, '56 Nov. 3 1956	
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph 131 Buchanan Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8, 1956 unknown		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell to floor			
22. I hereby certify that I attended the deceased from Jan 1, 1956, to 9-2, 1956, that I last saw the deceased alive on 9-2, 1956, and that death occurred at 5/30 m from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G.E. Garrison MD				23b. ADDRESS State Hospital #2., City		23c. DATE SIGNED 9/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/5/1956		24c. NAME OF CEMETERY OR CREMATORY Quitman Cemetery		24d. LOCATION (City, town, or county) (State) Quitman Mo	
DATE REC'D BY LOCAL REG. Sept 4, 1956		REGISTRAR'S SIGNATURE Esther M. Allison		25. JUNE 1, DIRECTOR'S SIGNATURE M. H. Johnson		ADDRESS Maryville	

(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.....

Licensed Embalmer No. 2272

P. O. Address.....
Mayville

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.