

STANDARD CERTIFICATE OF DEATH

State File No. **16100**

FILED JUN 14 1957

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY OR TOWN <u>Monett</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Monett</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS <u>501 County Road</u> (If rural, give location) <u>20510</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Madison</u> c. (Last) <u>Bowman</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 6, 1905</u>	
9. AGE (in years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Bowman (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Bowman</u> ADDRESS <u>Verona, MO</u>			
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>Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8234</u> <u>32</u>			
19a. DATE OF OPERATION <u>May 25, 1957</u>		19b. MAJOR FINDINGS OF OPERATION <u>Water in Lungs & Stomach</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Acc. Int.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>34 Frank Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Monett</u> (COUNTY) <u>Barry</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-22-57 8p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drove Car in Kelly Creek at Monett, Mo.</u>			
22. I hereby certify that I attended the deceased from <u>May 23, 1957</u> , to <u>May 23, 1957</u> , that I last saw the deceased <u>at 8 p.m.</u> , and that death occurred <u>at 8 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. E. Williams</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Crown & Cassville, Mo.</u>		23c. DATE SIGNED <u>May 25 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>South East Perry, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-3-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. H. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett & Herring</u> ADDRESS <u>Monett, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 657-93

DATE REC. 6-10-57

JUN 24 1957

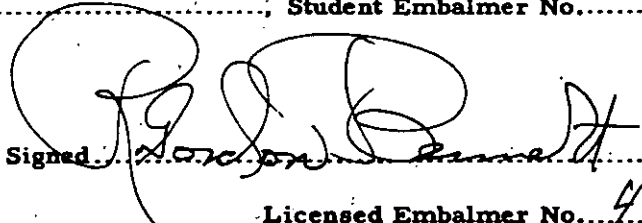
STATEMENT BY LICENSED EMBALMER

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. 421

P. O. Address Mosett, 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.