

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 017949

State File No.

FILED JUN 3 1957

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5761</u>		Registrar's No. <u>18</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Palmyra</u>		c. LENGTH OF STAY (in this place) township) <u>4 yrs.</u>		c. CITY OR TOWN <u>Palmyra</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u>				STREET ADDRESS (If rural, give location) <u>RFD #3,</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u>			b. (Middle) _____		c. (Last) <u>Bourman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>18 Sept. 1874</u>		9. AGE (In years last birthday) <u>82</u> 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) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fritz Gottman</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Drescher</u>			14. NAME OF HUSBAND OR WIFE <u>Alexandria Bourman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.D. Gottman, Palmyra, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 <u>10</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) <u>491X</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			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 <u>5/15</u> , 19 <u>57</u> , to <u>5/15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>5/15</u> , 19 <u>57</u> , and that death occurred at <u>8:00p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. D. Gottman</u>				23b. ADDRESS <u>Palmyra Mo</u>			23c. DATE SIGNED <u>5/17/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>18 May 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Marion County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-17-57</u>		REGISTRAR'S SIGNATURE <u>Dr. G. M. Lusk</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis Brothers, Palmyra, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

1890

RECEIVED JUN 1 1957
MARION CO. HEALTH DEPT.
DATE FILED JUN 1 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

George M. Lewis

Licensed Embalmer No..... 4851

P. O. Address Palmyra, Miss

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.