

FILED OCT 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33051

BIRTH NO.		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 3052		Registrar's No. 113	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give town) Richmond		c. LENGTH OF STAY (in this place) 15 years		c. CITY OR TOWN Richmond		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 Woodson School athletic field				e. STREET ADDRESS (If rural, give location) 285 Cunningham St. 089/0			
3. NAME OF DECEASED (Type or Print) a. (First) NORMAN		b. (Middle) ELDON		c. (Last) BOWMAN		4. DATE OF DEATH (Month) (Day) (Year) October 4, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 27, 1918	
9. AGE (In years last birthday) 39		10. IF UNDER 1 YEAR Months Days		10. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production worker				10b. KIND OF BUSINESS OR INDUSTRY Ordnance plant		11. BIRTHPLACE (City and State or Foreign Country) Hardin, Mo.	
13a. FATHER'S NAME Thomas Bowman				13b. MOTHER'S MAIDEN NAME Iva Craig		14. NAME OF HUSBAND OR WIFE Henrietta Davidson Bowman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War II				16. SOCIAL SECURITY NO. 492-14-2839		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henrietta Bowman, Richmond, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) previous attack E.K.G. proved DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				4261			
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)		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 10-4-57, 19, to 10-4-57, 19, that I last saw the deceased alive on 10-4-57, 19, and that death occurred at 9:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Davault M.D.				23b. ADDRESS Richmond Mo		23c. DATE SIGNED 10-7-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 7, 1957		24c. NAME OF CEMETERY OR CREMATORY Richmond Memory Gardens		24d. LOCATION (City, town, or county) (State) Richmond, Mo.	
DATE REC'D BY LOCAL REG. Oct 8 - 1957		REGISTRAR'S SIGNATURE Malcol Jackson		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thurman Funeral Home by Leroy Thurman Richmond, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1957

MAR 12 1958

VS DEC 28 1960

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, 6/6/61....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. L. Thurman.....

Licensed Embalmer No....4563...

P. O. Address Richmond, 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.