-		0.0	STANDA	ARD CERTIFI	CATE OF DEATH	******	94	713
H	IFD OCT	23 1957		./	mary Registration,Distric	. /	STATE FILE N	2
_	*11* *	Registration	District No	/Pin				
	PLACE OF DE D. COUNTY A	ath .tchsion			2. USUAL RESIDENC		COUNTY	admission)
		side corporate limits, giv	- TOWNSHIPI-	Inside Limits	a. STATE Mis	souri	A	tchison/
٥.	OR TA	airax		Yester No D	OR Mom	ki o		Inside Limits Yes□ No⊡
	10		give location) Lend		TOWN INI'		,ee	- 2
	HOSPITAL (orfathfiaxoco N Hospital) mo.	d. STREET ADDRESS	(If outs	ide, give locatio	n) Reside on Fo
MA	ME OF	Firet	м	iddle	Last	4. DATE	Month '	Day Year
	'spe or print)	Lawrence	Ear		Bowman	OF DEATH	Oct.	5 1957
SE)	× (6. COLOR OR RACE	7. MARRIED . NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In	n years IF UNDER	1 YEAR IF UNDER 24 HR
ma	ale	white	WIDOWED [DIVORCED 🔲	Mar.14,189	j. ' (1)	2 6	Days Hours Min
		ION (Give kind of work done vorking life, even if retired)	106. KIND OF BUSINE	SS OR INDUSTRY	11. BIRTHPLACE (City and	alate or country)	13.4	N OF WHAT COUNTRY?
	farmer		own far	·m	Jonesboro,	Tenn.		•
_	ATHER'S NAME	_		[14. MOTHER'S MAIDEN NA	ME		
	Jas. P.	Bowman			Nancy Fer	geson	· · · · · · · · · · · · · · · · · · ·	
	AS DECEASED E no. or unknown)	VER IN U. S. ARMED FORCE (If yes, give war or dates of s	errice)		17. INFORMANT		Address	
	no	**	<u>491-l</u>	₁ 2-0839	Pearl Kine	cheloe	Akron,	Colo.
18	PART I. DE	EATH (Enter only one car ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	/ V /	occular	- acciden	bio conta	man Court	
18	Conditions which gave	int was caused by: immediate cause (a) s, if any, e rise to use (a),	/ V /	. //	,	bic conta	vana land	INTERVAL BETWEEN ONSET AND DEATH
	Conditions which gave above cat stating the lying cau	s, if any. The time to (b) _ The time to (c) _ The time to (d) _ T	Hypoles Hypoles InDiabe	escula. to me	Acres solores		τ.	ONSET AND DEATH
ICATION	Conditions which gen above cau stating the lying cau - PART II, On	in the mas caused by: immediate cause (a) s, if any, e rise to use (a), t under-	Hypoles Hypoles InDiabe	escula. to me	Acres solores		τ.	
TIP ICATION	Conditions which gas above cat stating the lying cau - PART II. Of	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) s, if any, e rise to ise (a), r under- ise last. DUE TO (c) THER SIGNIFICANT CONDITIONS SUICIDE HOMICIDE	Hypolize Hypolize CONTRIBUTING TO DEATH	ELWE - CON TO ME BUT NOT RELATED	Acres solores	NDITION GIVEN IN PAR	17 I(a) 260X	ONSET AND DEATH
S S S	Conditions which gave cat stating the lying cau PART II. On	immediate cause (a) (s. if any. e rise to use (a). There is to the cause (b) the cause (c). There is the cause (c). There is in the cause (c) the conditions	Hypologo Hypologo KO i obe CONTRIBUTING TO DEATH	ELWE - CON TO ME BUT NOT RELATED	Acres spalence Elitics TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	17 I(a) 260X	19. WAS AUTOPSY PERFORMED?
S S	Conditions which gase above cat stating the lying cau PART II. Of	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) s, if any, e rise to ise (a), r under- ise last. DUE TO (c) THER SIGNIFICANT CONDITIONS SUICIDE HOMICIDE	Hypologo Hypologo KO i obe CONTRIBUTING TO DEATH	ELWE - CON TO ME BUT NOT RELATED	Acres spalence Elitics TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	17 I(a) 260X	ONSET AND DEATH
20 20 20 20 20 20 20 20 20 20 20 20 20 2	Conditions which gas above cat stating the tying cau PART II. On Oc. TIME OF F INJURY of Dd. INJURY OCCU	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) s, if any, e rise to use (a), t under- tac tast. DUE TO (c) THER SIGNIFICANT CONDITIONS SUICIDE HOMICIDE Hour Month, Day, Year 1, m. 1, m	CONTRIBUTING TO DEATH 200. DESCRIBE HOW	ELEVE - CONTROL ME BUT NOT RELATED INJURY OCCURRE	Acres spalence Elitics TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR y in Part I or Par	17 I(a) 260X	19. WAS AUTOPSY PERFORMED?
MEDICAL CENTIFICATION	Conditions which gas obove cat stating the lying cau PART II. On Oa. ACCIDENT	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) s. if any. e rise to use (a). THER SIGNIFICANT CONDITIONS SUICIDE HOMICIDE HOUR Month, Day, Year 1. m. URRED ZOE, PLAC	Hypote Market Policies Contributing to Death 206. Describe How	ELEVE - CONTROL ME BUT NOT RELATED INJURY OCCURRE	Action spaleners Other terminal disease co	NDITION GIVEN IN PAR y in Part I or Par	17 I(n) 260 X 1 II of item 18.)	19. WAS AUTOPSY PERFORMED?
MELUCAL CENTIFICATION	Conditions which gase above cat stating the lying cau PART II. OT De. TIME OF I INJURY of POM. INJURY OCCUMILE AT III	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) s, if any, e vise to use (a), r under- use last. DUE TO (c) THER SIGNIFICANT CONDITIONS SUICIDE HOMICIDE Grant Month, Day, Year 1. mm. URRED 20e, PLAC NOT WHILE 7	CONTRIBUTING TO DEATH 200. DESCRIBE HOW	ELEVE - CONTROL ME BUT NOT RELATED INJURY OCCURRE	Action spaleners Other terminal disease co	NDITION GIVEN IN PAR y in Part I or Par	260 X 111 of item 18.)	ONSET AND DEATH
12 MEDICAL CERTIFICATION 12 MA 02 02 02 02 03 03 03 03 03 03 03 03 03 03 03 03 03	Conditions which gave cat stating the lying cau PART II. On Da. ACCIDENT Co. TIME OF INJURY OCCUMILE AT CORK	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) s, if any, e rise to use (a), sunder- tac last DUE TO (c) THER SIGNIFICANT CONDITIONS SUICIDE HOMICIDE HOUR Month, Day, Year 1. m. D. m. URRED NOT WHILE AT WORK the deceased from	EVENO- O Hy on A 20 Hy on A 20 RO I obe CONTRIBUTING TO DEATH 200. DESCRIBE HOW CE OF INJURY (e.g., it as factory, street, office	BUT NOT RELATED INJURY OCCURRE To or about home, bldg., etc.) m on the date	TO THE TERMINAL DISEASE CO. (Enter nature of injustable) 20f. CITY. TOWN, OR LOW stated above; and to the	y in Part I or Part CATION and last saw him	COUNTY	19. WAS AUTOPSY PERFORMED? YES NO ATTAINMENT THE CAUSES STATE
12 WEDUCAL CERTIFICATION	Conditions which gas above cat stating the tying cau PART II. On Oa. ACCIDENT INJURY Occ. TIME OF F INJURY OCC. THILE AT I T	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IN If any. In I	CONTRIBUTING TO DEATH 200. DESCRIBE HOW CE OF INJURY (e.g., if actory, street, office	BUT NOT RELATED INJURY OCCURRE To or about home, bldg., etc.)	TO THE TERMINAL DISEASE CO. D. (Enter nature of injusted) 20/. CITY. TOWN, OR LOW stated above; and to a	ndition Given in PAF y in Part I or Part CATION and last saw hi he best of my k	COUNTY	19. WAS AUTOPSY PERFORMED? YES NO STAT
20 00 00 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10	Conditions which gas above cat stating the lying cau PART II. Of Oc. TIME OF I INJURY OCCUMILE AT ORK I attended Desire of the Cork of	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IN, If any, o rise to use (a), c under- use last DUE TO (c) THER SIGNIFICANT CONDITIONS SUICIDE HOMICIDE HOUR Month, Day, Year 1, m, 0, m, URRED NOT WHILE AT WORK Che deceased from Intered at Comments C	CONTRIBUTING TO DEATH 20b. DESCRIBE HOW CE OF INJURY (e. g., in, factory, street, office 11/11/22 10/10/10/10/10/10/10/10/10/10/10/10/10/1	I BUT NOT RELATED INJURY OCCURRED To or about home, bldg., etc.) The on the date	Tarkio, Mo	NDITION GIVEN IN PARTY IN PART	COUNTY alive on nowledge, from	STAT
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STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

ent Signature of Student Embelmer Signed Front a Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING

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to comply with the above constitutes grounds for revocation of license). A second of license of the license of license of