

## STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1958

STATE FILE NUMBER 734

Registration District No. 98

Primary Registration District No. 5363

Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Jefferson Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Rural Jefferson Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>Li. E. Weatherby 2 Yrs</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>6 Mi. E. Weatherby</b>	
3. NAME OF DECEASED First Middle Last <b>Lillie Berniece Bowman</b>		4. DATE OF DEATH Month Day Year <b>January 17 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 17, 1907</b>
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>Daviess Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James E. Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Lambert</b>	
14. NAME OF HUSBAND OR WIFE <b>Lewis Bowman</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>489-36-2361</b>		17. INFORMANT Address <b>Gertnude Curtis, Gallatin, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Apoplexy</b> DUE TO (b) <b>Septicemia Exacerbated</b> DUE TO (c) <b>Arterial Regeneration</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>334X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b> <b>3 yrs</b> <b>3 yrs</b>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan 5, 58</b> to <b>Jan 17, 58</b> and last saw her alive on <b>Jan 15, 58</b> Death occurred at <b>9:20 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) <b>Floyd E. Nelson M.D.</b>	
22b. ADDRESS <b>Gallatin, Mo.</b>		22c. DATE SIGNED <b>1-20-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-20-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Gallatin, Mo.</b>	
24. FUNERAL DIRECTOR <b>Hope Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>27 Jan. 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Virginia McAngelhart</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *L. O. Dickerson* .....

Licensed Embalmer No. *3302* .....

P. O. Address *Gallatin* .....

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.