

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006582
State File No.

FILED FEB 17 1958

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Granby Twp. Rural</u>		c. CITY OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Granby Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Granby Twp.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOLOMON</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>BOWMAN</u>		4. DATE OF DEATH <u>Feb. 1, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 17, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>57</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Newtonia Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Oliver Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wagner</u>	14. NAME OF HUSBAND OR WIFE <u>Rhoda Bowman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-05-2273</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rhoda Bowman</u> ADDRESS <u>Neosho Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apparently Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerotic Heart Disease</u> <u>unknown</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. 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? <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) <u>4200</u> (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 <u>Dead upon arrival - I never saw patient alive</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>9:15P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George C. Olive, MD</u> (Degree or title)		23b. ADDRESS <u>Neosho, Mo</u>	23c. DATE SIGNED <u>Feb 5, 1958</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 4, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macidonia</u>	24d. LOCATION (City, town, or county) (State) <u>Newton County Missouri</u>
DATE REC'D BY LOCAL REG. <u>Feb. 6, 1958</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson Jr</u> ADDRESS <u>Neosho Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 258-37

Date Filed FEB 12 1958

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
Student Embalmer

Signed Carey Thompson Jr

Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

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 this body is not embalmed, fact should be so stated above.