

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017048

FILED APR 23 1958

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6158 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>White River</b>		c. CITY OR TOWN <b>Cassville</b> 0050	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>Flatcreek Twp.</b>	

3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>LEE</b> Last <b>BOWMAN</b>			4. DATE OF DEATH Month <b>April</b> Day <b>12</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 5, 1930</b>	9. AGE (In years last birthday) <b>27</b>	10. FUNDING YEAR Months <b>27</b> Days <b>27</b> Hours <b>27</b> Min. <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>contracting</b>		11. BIRTHPLACE (City and state or country) <b>Cassville, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Lee Bowman</b>		13b. MOTHER'S MAIDEN NAME <b>Elsie Thompson</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>National Guard</b>		16. SOCIAL SECURITY NO. <b>497-32-9103</b>		17. INFORMANT Address <b>Lee Bowman Cassville, Missouri</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>accidental drowning</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9298 42</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Drowning</b>	
20c. TIME OF INJURY Hour <b>3:30</b> a.m. <b>4:12-58</b> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>River</b>		20f. CITY, TOWN, OR LOCATION <b>Stone, MO</b>	

21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at <b>3:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Mrs. Elmer Bowman</b>	22b. ADDRESS <b>Stone, MO</b>
22c. DATE SIGNED <b>5/9/58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-16-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maplewood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Exeter, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Culver's Cassville, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>4/19/58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Elmer Bowman</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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### 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 *Paul D. Kenbest* .....

Licensed Embalmer No. *4576* .....

P. O. Address *Cassville, 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.