

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019393

STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Appleton City</u> 0930 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital give location) HOSPITAL OR INSTITUTE <u>Albert Memorial Hospital</u> Length of stay in 1b <u>5 minutes</u>		d. STREET ADDRESS (If outside give location) <u>312 W. 7th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>-</u> Last <u>Bowman</u>		4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 15-1895</u> 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist-Optometrist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>	11. BIRTHPLACE (City and state or country) <u>Bates City, Mo.</u>
13. FATHER'S NAME <u>Herzekiah Bowman</u>		14. MOTHER'S MAIDEN NAME <u>Eliza J. Johnson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. War #1</u>		16. SOCIAL SECURITY NO. <u>500-36-5119</u>	17. INFORMANT Address <u>Lila Bowman 312 W 7th Appleton City</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple wound of head</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			981X
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Multiple (3) perforating gun-shot wounds of head</u>		
20c. TIME OF INJURY Hour <u>8:55</u> a. m. <u>5</u> p. m. Month <u>MAY</u> Day <u>14</u> Year <u>58</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>DRUG STORE OWNED BY DECEASED</u>		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Appleton City</u>		COUNTY <u>St. Clair</u> STATE <u>Mo</u>
21. I attended the deceased from <u>9:00 AM</u> to <u>9:10 AM</u> and last saw him alive on <u>9:10 AM</u> <u>14 MAY 1958</u> Death occurred at <u>9:10</u> <u>AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. J. Ullrich M.D.</u>		22b. ADDRESS <u>Appleton City</u>	22c. DATE SIGNED <u>14 May 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May-16-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>
24. FUNERAL DIRECTOR <u>Melvin L. Jamison</u> ADDRESS <u>Appleton City</u>		25. DATE RECD. BY LOCAL REG. <u>May 15, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Clara Abney</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

0930  
300  
1-56

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. Coroner cannot certify to a death due to natural causes.

JUN 12 1958

MS MAY 28 1959

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 *Melvin L. Janssen* .....

Licensed Embalmer No. 48

P. O. Address *Appleton* .....

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