

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032192
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gallatin</u>		c. CITY OR TOWN <u>Gallatin</u> <u>0310</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>---</u>		d. STREET ADDRESS (If outside, give location) <u>---</u>	
Length of stay in 1b <u>9 Months</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Fay</u> Last <u>Bowman</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>8</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH <u>July 9 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) <u>Daviess Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Byron Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Iona Belle Rybolt</u>	
14. NAME OF HUSBAND OR WIFE <u>John J. Bowman (Dec'd)</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>495-09-3007</u>		17. INFORMANT Address <u>Mrs. May Place, Gallatin, Mo.</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>Carcinoma Lung, left</u> DUE TO (b) <u>Carcinoma toxis</u> DUE TO (c) <u>Residual Carcinoma Breast</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NOX</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>1 yr</u> <u>3 yr</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:25A</u> Month <u>Oct</u> Day <u>1957</u> Year <u>1957</u>		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Gallatin Mo</u>	
20g. COUNTY <u>Daviess</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Oct 1957</u> to <u>Sept 8 1958</u> and last saw her alive on <u>Sept 7, 1958</u> Death occurred at <u>9:25A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edward L. Leman</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Gallatin Mo</u>	
22c. DATE SIGNED <u>9/13/58</u>		22d. DATE RECD. BY LOCAL REG. <u>9-16-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-10-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		23d. LOCATION (City, town, or county) <u>Gallatin, Mo.</u>	
24. FUNERAL DIRECTOR <u>Hope Funeral Home, Gallatin, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Vernon Engelhart</u>	

(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.

8561 0 3 AON

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. Richerson*

Licensed Embalmer No. *3302*

P. O. Address *Bellevue*

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.