

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036025

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

1000

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield			Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Springfield		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Length of stay in lb 12 yrs.		0396 STREET ADDRESS 725 W. Kearney		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First MEREDITH Middle WAYNE Last BOWMAN				4. DATE OF DEATH Month Oct. Day 19 Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐		8. DATE OF BIRTH Nov. 11, 1913	
9. AGE (In years birthday) 44		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio & T.V. Service				10b. KIND OF BUSINESS OR INDUSTRY Radio & TV		11. BIRTHPLACE (City and state or country) Blue Eye, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Lewis Fred Bowman				13b. MOTHER'S MAIDEN NAME Minta Mead		14. NAME OF HUSBAND OR WIFE Lois Bowman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. 496-10-0959		17. INFORMANT Mrs. Lois Bowman, Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) carcinomatosis DUE TO (c) Chordoma, L5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 24 hrs 6 weeks 4 mos
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 5:30 p. Month, Day, Year 10/19/58							
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		COUNTY STATE	
21. I attended the deceased from Death occurred at 6/11/58 to 10/19/58 and last saw him alive on 10/19/58 5:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE 214. McAlhany, Mrs.				22b. ADDRESS 401 Prof. Bldg. Springfield, Mo.		22c. DATE SIGNED 10/20/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/22/58		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) (State) Springfield Greene Mo.	
24. FUNERAL DIRECTOR Ralph Thieme, Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 10-22-58		26. REGISTRAR'S SIGNATURE Effie L. Melton	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

OCT 28 1958

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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 Wayne Smith, Student Embalmer No. 567 working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.