

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040852

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		c. CITY OR TOWN 0738	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial		d. STREET ADDRESS (If outside, give location) Stella, Mo. R#	
3. NAME OF DECEASED (Type or print) First Orville Middle Jackson Last Bowman		4. DATE OF DEATH Month Nov. Day 7 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Aug. 5 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Fairview Missouri
13a. FATHER'S NAME Oliver Bowman		13b. MOTHER'S MAIDEN NAME Sarah Waggoner	14. NAME OF HUSBAND OR WIFE Mabel Bowman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 4222	17. INFORMANT Mabel Bowman Address Stella, 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) Medullary failure DUE TO (b) Cerebral anoxia DUE TO (c) Myocardial insufficiency 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 1 hour 2 weeks
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 ☐ Month, Day, Year ☐ a.m. ☐ p.m. ☐		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 Stella, Mo. STATE Missouri	
21. I attended the deceased from 11-7-58 to 11-7-58 and last saw him alive on 11-7-58 Death occurred at 5:55 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. H. Bowman D.O.		22b. ADDRESS Stella, Missouri	22c. DATE SIGNED 11-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-9-58	23c. NAME OF CEMETERY OR CREMATORY Macedonia Cem.	23d. LOCATION (City, town, or county) (State) Stella, Mo.
24. FUNERAL DIRECTOR W. M. Morris		25. DATE RECD. BY LOCAL REG. 11-11-58	26. REGISTRAR'S SIGNATURE M. M. M. M. M.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

view, however, nec. must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

File Number 1258-463
Date Filed DEC 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
Signature of Student Embalmer

Signed *James Kenyth Davis*

Licensed Embalmer No. *4767*
P. O. Address *Wheaton 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.