

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001748

STATE FILE NUMBER

JAN 28 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Carthage</b>		c. CITY <b>Diamond</b> OR <b>Carthage</b> TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>McCune-Brooks hosp.</b>		d. STREET ADDRESS <b>Route 1</b>	
3. NAME OF DECEASED (Type or print) <b>SARAH B. BOWMAN</b>		4. DATE OF DEATH <b>Jan 18, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 31, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		11. BIRTHPLACE (City and state or country) <b>, Tenn. / USA</b>	
13a. FATHER'S NAME <b>Garland Yost</b>		14. NAME OF HUSBAND OR WIFE <b>Erastus W. Bowman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>E.W. Bowman, Rte 1, Diamond, Mo</b>		Address	
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>Embolic, Cerebral</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 month</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) <b>auricular fibrillation</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input 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>None</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Carthage, Mo</b>	
21. I attended the deceased from <b>Dec 12 '58</b> to <b>Jan 18, 1959</b> Death occurred at <b>6:50 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>Stl/19/59</b>	
22a. SIGNATURE <b>George H. Wood</b> (Dee or title) <b>MD</b>		22b. ADDRESS <b>304 Grant</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Jan 21, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Mo.</b>
24. FUNERAL DIRECTOR <b>Knell Mortuary, Carthage, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-21-59</b>	
		26. REGISTRAR'S SIGNATURE <b>Chl Hunter</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 \_\_\_\_\_

Licensed Embalmer No. 4731  
P. O. Address Carthage, 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.