

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004151
STATE FILE NUMBER

FILED FEB 6 1959 Registration District No. 391 Primary Registration District No. 4504 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Advance,		c. CITY OR TOWN Advance, 1030	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike Twp.		d. STREET ADDRESS (If outside, give location) 20 yrs.	
3. NAME OF DECEASED (Type or print) First James Middle George Last Bowman		4. DATE OF DEATH Month Jan. Day 16, Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb. 25, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barbering		10b. KIND OF BUSINESS OR INDUSTRY Barber	9. AGE (In years last birthday) 62
11. BIRTHPLACE (City and state or country) Advance, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. H. Bowman		13b. MOTHER'S MAIDEN NAME Mary R. Chapman	
14. NAME OF HUSBAND OR WIFE Nora Bowman		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI	
16. SOCIAL SECURITY NO. 498-18-4245H		17. INFORMANT Nora Bowman Address Advance, 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 Paralysis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Circulatory Collapse DUE TO (c) myocardial failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic gastric Ulcer And Hemorrhages			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. 2 DAYS 4 YEARS
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 5400	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 Advance COUNTY Missouri STATE Missouri	
21. I attended the deceased from 9-14-58 to 1-16-59 and last saw him alive on 1-16-59 Death occurred at 3:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Masters (Degree or title)		22b. ADDRESS Advance, Mo.	
22c. DATE SIGNED 1-19-59		23. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/18/59	
23c. LOCATION (City, town, or county) Advance		23d. STATE Missouri	
24. FUNERAL DIRECTOR W. H. Morgan ADDRESS Advance, Mo.		25. DATE RECD. BY LOCAL REG. 1/21/59	
26. REGISTRAR'S SIGNATURE Bernice Moore			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1/3 FEB 13 1952

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 W. H. Mayan

Licensed Embalmer No. 4646

P. O. Address Admission

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.