

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006271

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 178 Primary Registration District No. Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton		c. CITY OR TOWN Canton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS 308 N. 6th	
3. NAME OF DECEASED (Type or print) First William Middle Frederick Last Bowman		4. DATE OF DEATH Month Febr. Day 8 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Dec. 24, 1869
9. AGE (In years last birthday) 89		10. FUND 1 YEAR Months 8 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Baylis, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William G. Bowman		13b. MOTHER'S MAIDEN NAME Rebecca Allen	
14. NAME OF HUSBAND OR WIFE Anna Lena Collins		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Lena Bowman, Canton, 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) Cerebral Hemorrhage 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). 331X		INTERVAL BETWEEN ONSET AND DEATH 10 days.	
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jan 20-59		20f. CITY, TOWN, OR LOCATION Feb 8 59	
21. I attended the deceased from Death occurred at 9:30 A.M. to Feb 8 59 and last saw her alive on Feb 8-59 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Charles H. Bowman	
22b. ADDRESS Charles H. Bowman		22c. DATE SIGNED Feb 9-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-10-59	
23c. NAME OF CEMETERY OR CREMATORY Shear Cemetery		23d. LOCATION (City, town, or county) New Canton, Illinois	
24. FUNERAL DIRECTOR Paul H. Parkley, Canton, Mo.		25. DATE RECD. BY LOCAL REG. 2-10-59	
26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

23-008531

FEB 27 1959

MAR 3 1959

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 *Earl H. Buckley*

Licensed Embalmer No. *2615*

P. O. Address *Canton, 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.