Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012897

STATE FILE NUMBER 34

rd APR 28 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Gentry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Gentryville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Albany — Length of stay in 1b: 1 year	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Emma. Middle: Lee Last: Bowman			4. DATE OF DEATH Month Day Year: April 24, 1959
5. SEX: F	6. COLOR OR RACE: W	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: Dec. 16, 1869
9. AGE (In years last birthday): 89	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (City and state or country): Buchanan Co., Mo.	12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Henderson Workman	13b. MOTHER'S MAIDEN NAME: Elizabeth Cossins	14. NAME OF HUSBAND OR WIFE: Joseph E. Bowman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Mrs. Richard Miller Address: Gentryville, Mo.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 — INTERVAL BETWEEN ONSET AND DEATH: 8 days
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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 WORK [ ] 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 April 21-59 to April 23-59 and last saw her/him alive on 4-23-59
Death occurred at 4:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. J. Pray, D.O. (Degree or title)	22b. ADDRESS: Albany, Mo.	22c. DATE SIGNED: 4-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify): burial	23b. DATE: Apr. 26-59	23c. NAME OF CEMETERY OR CREMATORY: Fairview
23d. LOCATION (City, town, or county) (State): Gentry Co., Missouri		
24. FUNERAL DIRECTOR: Clifford Brooks	ADDRESS: Albany, Mo.	25. DATE RECD. BY LOCAL REG.: 4-25-59
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare		

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Donald E. Cockell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.