

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018515

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 45

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 Neosho		c. CITY OR TOWN Diamond	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sales Memorial		d. STREET ADDRESS (If outside, give location) None	
Length of stay in 1b 4 wks		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Chalmer Middle Hughlett Last Bowers			4. DATE OF DEATH Month May Day 29 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> / WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Milk Condensary	9. AGE (In years last birthday) 63
11. BIRTHPLACE (City and state or country) Elm Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Rufus H. Bowers		14. MOTHER'S MAIDEN NAME Hester Bowen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X 499-10-3860	
17. INFORMANT Mrs. Ethel Bowers		Address Diamond, 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) CARCINOMA LEFT LUNG			INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
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)			19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
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		COUNTY STATE	
21. I attended the deceased from 1950 to 29 MAY 1959 and last saw ^{her} him alive on 29 MAY 1959 Death occurred at 4:12 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ed Day M.D.		22b. ADDRESS Neosho Mo	
22c. DATE SIGNED 1 JUNE 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-31-1959	
23c. NAME OF CEMETERY OR CREMATORY Hazelgreen Cemetery		23d. LOCATION (City, town, or county) (State) Boulder City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Granby, Missouri		25. DATE RECD. BY LOCAL REG. 6-1-59	
26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

to be filed
100111e Number 459-95
JUN 5 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 *Floyd E. Sheppard*.....
Licensed Embalmer No. 40

Box 5-8 Gran
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.