

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018559

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 231

Primary Registration District No.

Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If informant: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP fully) OR TOWN <u>Burlington Jet</u>		c. CITY OR TOWN <u>Burlington Jet</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If outside, give location) <u>0740</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES LEWIS BOWMAN</u>		4. DATE OF DEATH Month Day Year <u>MAY 11 1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>JUNE 20, 1885</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
10a. FATHER'S NAME <u>J. K. Bowman</u>		10b. MOTHER'S MARRIED NAME <u>Mary Francis Sharp</u>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. SOCIAL SECURITY NO. <u>4261</u>		14. NAME OF HUSBAND OR WIFE <u>Not married</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		16. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>?</u>	
17a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		17b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
18c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		18d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐	
19a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		19b. CITY, TOWN, OR LOCATION COUNTY STATE	
20. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <u>D. B. Byland M.D.</u>		21b. ADDRESS <u>Marionville MO</u>	
21c. DATE SIGNED <u>5/12/59</u>		21d. NAME OF CEMETERY OR CREMATORY <u>High Prairie Cem.</u>	
21e. LOCATION (City, town, or county) (State) <u>Elmo Mo</u>		21f. FUNERAL DIRECTOR ADDRESS <u>J. B. Slamm by Burlington Jet</u>	
21g. DATE RECD. BY LOCAL REG. <u>5-12-59</u>		21h. REGISTRAR'S SIGNATURE <u>Bess Holt</u>	
21i. FUNERAL DIRECTOR ADDRESS <u>Mrs. Chas. L. Drain</u>			

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.

P. O. Address

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.