

FILED VS JAN 13 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-001224

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 175

H1  
S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany 0411</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Ridgeway Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Madison Memorial Hospital</u>		Length of stay in lb <u>22 hours</u>	d. STREET ADDRESS (If outside, give location) <u>2nd part Ridgeway Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Oscar Marsh-Bowman</u>			4. DATE OF DEATH Month Day Year <u>1-5-60</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-19-1866</u>	9. AGE (In years) Month Day <u>73 10 17</u>	IF UNDER 1 YEAR Months Days <u>10 17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mad Cassin Mad Cassin</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mad Cassin</u>	11. BIRTHPLACE (City and state or country) <u>Ridgeway Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Richard Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Bowman</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Bowman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give year or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT Address <u>Ethel Bowman Ridgeway Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ANTERO LATERAL MYOCARDIAL INFARCT</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
: Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>					<u>years.</u>
DUE TO (c) <u>4200</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					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 a.m. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1-4-60</u> to <u>1-5-60</u> and last saw her alive on <u>1-5-60</u> . Death occurred at <u>8:25 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Albert F. Nikke M.D.</u>			22b. ADDRESS <u>Bethany, Mo.</u>		22c. DATE SIGNED <u>1-7-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-7-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>1/2 W Ridgeway Mo</u>
24. FUNERAL DIRECTOR <u>Robert R. Boggers</u>			25. DATE RECD. BY LOCAL REG. <u>1-7-1960</u>	26. REGISTRAR'S SIGNATURE <u>Jella Mayes</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.

MS 6127-71000

MAR 1 1960

STATEMENT BY LICENSED EMBALMER

JAN 13 1960

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 Robert R. Boffers .....

Licensed Embalmer No. 95-76

P. O. Address Ridgeway 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.