

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019301

FILED VS MAY 27 1960

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 2594

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>KENTUCKY</u> b. COUNTY <u>McLEAN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>unic</u>		c. CITY OR TOWN <u>Island</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) <u>Wilson Rd + Frisco TRKS</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS <u>General DELIVERY</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Hilary</u> Last <u>Bowman</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>7</u> Year <u>1960</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>6/13/12</u>	
9. AGE (last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u>		IF UNDER 24 HR Hours <u>4</u> Min. <u>7</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McLean Co. Ky.</u>		14. BIRTHPLACE (City and state or country) <u>McLean Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Chas H. Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Bray</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCES Bowman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>402-14-1385</u>		17. INFORMANT <u>Mrs. Wm E. Loyd</u> Address <u>Island, Ky.</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>Jaundice</u> 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) _____ PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 _____, to _____ and last saw him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)				22b. ADDRESS <u>1034 Rialto Bldg</u>		22c. DATE SIGNED <u>5-11-60</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>MAY 25 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Northington Chapel</u>		23d. LOCATION (City, town, or County) (State) <u>McLean Kentucky</u>	
24. FUNERAL DIRECTOR <u>Sheil Funeral Home</u>		ADDRESS <u>K.C.M.</u>		25. DATE RECD. BY LOCAL REG. <u>5-11-60</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
H. H. Owens

MAR 13 1963

MAR 18 1963

MAR 18 1963 STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 494

P. O. Address _____

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