

## RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 14 1960 336

=60-022020

STATE FILE NUMBER

DED

Registration District No. Primary Registration District No. 336 57 Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Shannon</u>				a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Birch Tree</u> Length of stay in lb <u>years</u>				c. CITY OR TOWN <u>Birch Tree, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location) <u>Birch Tree, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED				4. DATE OF DEATH			
First <u>Bessie</u> Middle <u>Blanch</u> Last <u>Bowman</u>				Month <u>May</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>female</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>9/26/15</u>	
9. AGE (last birthday) <u>44</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory work</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and state or country) <u>Birch Tree, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Lovins</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Jane Voyles</u>			
14. NAME OF HUSBAND OR WIFE <u>Roy Bowman</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>498-38-9878</u>			
17. INFORMANT <u>Roy Bowman</u> Address <u>Birch Tree, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>							
DUE TO (b) <u>Angina Pectoris</u>							
DUE TO (c) <u>Diabetes Mellitus</u>							
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 <u>10 P.</u> Month, Day, Year <u>May 28, 1960</u>							
20d. INJURY OCCURRED WHILE AT WORK <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.) <u>Birch Tree</u>		20f. CITY, TOWN, OR LOCATION <u>Shannon</u>		20g. COUNTY <u>Mo</u> STATE	
21. I attended the deceased from <u>10 P.</u> to <u>May 28, 1960</u> and last saw him alive on <u>May 28, 1960</u> Death occurred at <u>10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. A. Bowman</u> (Degree or title) <u>S.O.</u>				22b. ADDRESS <u>Birch Tree</u>		22c. DATE SIGNED <u>6/8/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>6/1/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		23d. LOCATION (City, town, or county) <u>Birch Tree</u> (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home, Mtn. View, Mo.</u> ADDRESS <u>6-13-60</u>				25. DATE RECD. BY LOCAL REG. <u>6-13-60</u>		26. REGISTRAR'S SIGNATURE <u>D. Noble</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

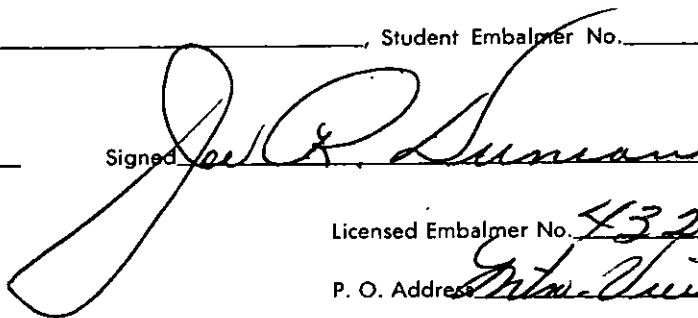
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 432

P. O. Address St. Louis

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