

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025678

FILED VS JUL 20 1960

2.

5017

46

STATE FILE NUMBER

ENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>ANDREW</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ANDREW</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NODAWAY TOWNSHIP</b>		Length of stay in 1b		c. CITY OR TOWN <b>RFD # 3, SAVANNAH</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 mile south Savannah</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1/2 mile south</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MARGARET</b> Middle <b>BOWMAN</b> Last <b>BOWMAN</b>				4. DATE OF DEATH Month <b>July</b> Day <b>8</b> Year <b>1960</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-25-72</b>	
9. AGE (last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>87</b> Days <b>87</b> Hours <b>87</b> Min. <b>87</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	
11. BIRTHPLACE (City and state or country) <b>Andrew County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>		13a. FATHER'S NAME <b>Nelson McKnight</b>		13b. MOTHER'S MAIDEN NAME <b>Betsy Morgan</b>	
14. NAME OF HUSBAND OR WIFE <b>Edward R. Bowman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>- - -</b>		17. INFORMANT Address <b>Mrs. Mary Breit, Savannah, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemiplegia</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>4 yrs.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <b>6:30</b> a.m. <b>A.M.</b> Month, Day, Year <b>1956</b>		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.)		20f. CITY, TOWN, OR LOCATION COUNTY <b>Savannah, Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>1956</b> , to <b>7-7-60</b> and last saw her alive on <b>7-7-60</b> Death occurred at <b>6:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <b>William P. Kelley M.D.</b> (Degree or title)			
22b. ADDRESS <b>Savannah, Missouri</b>		22c. DATE SIGNED <b>7-9-60</b>		23a. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Savannah, Missouri</b>	
24. FUNERAL DIRECTOR <b>BREIT &amp; HAWKINS</b>		ADDRESS <b>SAVANNAH</b>		25. DATE RECD. BY LOCAL REG. <b>7-13-60</b>		26. REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 16 1960

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

*James B. Hawken*

Licensed Embalmer No. 4535

P. O. Address

*Savannah*

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.