

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

LED VS OCT 3 1960

-60-033850

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 40 years		c. CITY OR TOWN St. Joseph		Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Missouri Methodist Hosp		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 2022 Dewey		Reside on Farm Yes ☒ No ☐			
3. NAME OF DECEASED (Type or print) First Middle Last JACOB AARON BOWMAN				4. DATE OF DEATH Month Day Year September 23, 1960					
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2/6/1897	9. AGE (last birthday) 63	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) Protection Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Co.		11. BIRTHPLACE (City and state or country) Savannah, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Aaron Bowman		13b. MOTHER'S MAIDEN NAME Phariba Munden		14. NAME OF HUSBAND OR WIFE Opal					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.#1		16. SOCIAL SECURITY NO. 491-09-1470		17. INFORMANT Mrs. Opal Bowman, 2022 Dewey, St. Joseph, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable myocardial infarction DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 10 years.	
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 ☐	20b. SUICIDE ☐	20c. HOMICIDE ☐	20d. 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 1949 to 9-23-60 and last saw her alive on 9-19-60 Death occurred at 2:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Lucie N. Ide, M.D.				22b. ADDRESS 902 Howard St. Joseph, Mo.		22c. DATE SIGNED 9-23-60			
23a. BURIAL INFORMATION, REMOVAL (Specify) burial		23b. DATE 9/26/1960		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri			
24. FUNERAL DIRECTOR Walter Bowman - St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Sept 30, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
L.W. Ide, M.D.

NOV 22 1960

OCT 8 1960

OCT 14 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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 Lorath, St.

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.