

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008241

STATE FILE NUMBER

AMENDED

Registered District No. 115-116 Primary Registration District No. 3020 Registrar's No. 91

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 2 days	c. CITY OR TOWN St. Clair
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #1
3. NAME OF DECEASED (Type or print) First Charles Middle H. Last Bowman			4. DATE OF DEATH Month April Day 3 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer (retired)		10b. KIND OF BUSINESS OR INDUSTRY A. T. & T.	11. BIRTHPLACE (City and state or country) Alton, Illinois
13a. FATHER'S NAME Bowman		13b. MOTHER'S MAIDEN NAME Catherine Templeton	14. NAME OF HUSBAND OR WIFE Josephine Bowman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Charles J. Bowman Address Kansas City, 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) Myocardial Infarction (Coronary Occlusion)			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular Fibrillation			4 days
DUE TO (c) Generalized Arteriosclerosis associated a Senility			5 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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 April 61</u> to <u>3 April 61</u> and last saw him alive on <u>2 April 61</u> Death occurred at <u>4:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. Richardson, M.D.		22b. ADDRESS Union, Mo	22c. DATE SIGNED 3 April 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 5, 1961	23c. NAME OF CEMETERY OR CREMATORY Midlawn Memorial Gardens Union, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Casey-Lenox Address St. Clair, Mo.		25. DATE RECD. BY LOCAL REG. 4/5/61	26. REGISTRAR'S SIGNATURE J.P. Heidmann Deputy

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 11 1961

STATEMENT BY LICENSED EMBALMER

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 H. M. Lenox, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair, 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.