

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012909

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

151

STATE FILE NUMBER

FILED APR 24 1961

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

9 days

c. FULL NAME OF (If NOT in hospital, give location)

Southeast Mo. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri Cape Girardeau

c. CITY OR TOWN

Jackson, Mo.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

914 Cape Road

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First JAMES

Middle REED

Last BOWMAN

4. DATE OF DEATH

Month April Day 4 Year 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/21/70

9. AGE (last birthday)

90

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miller

10b. KIND OF BUSINESS OR INDUSTRY

Milling Industry

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benjamin Lee Bowman

13b. MOTHER'S MAIDEN NAME

Eliza Ford

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

490 18 0602

17. INFORMANT

Address

Earl Bowman Jackson, 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)

Fracture of right hip

INTERVAL BETWEEN ONSET AND DEATH

1 wk

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)

Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 Oct. 1950 to April 4, 1961 and last saw him alive on April 4, 1961

Death occurred at 3:24 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E.F. McDonald M.D.

22b. ADDRESS

Jackson, Mo.

22c. DATE SIGNED

4-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/6/1961

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Jackson, Mo.

(State)

24. FUNERAL DIRECTOR

McCombs

ADDRESS

Jackson, Mo.

25. DATE RECD. BY LOCAL REG.

4-18-61

26. REGISTRAR'S SIGNATURE

James Kasten

APR 26 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.