

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016818

STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 50
FILED MAY 18 1961

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived in institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Levitt</u>		c. CITY OR TOWN <u>Morett</u> <u>Mo</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>odd Kellow hospital</u>		d. STREET ADDRESS <u>County Street</u>	
3. NAME OF DECEASED (Type or print) First <u>J</u> Middle <u>O</u> Last <u>Bowman</u>		4. DATE OF DEATH <u>5-8-61</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>unk</u>
9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>San mill</u>	
11. BIRTHPLACE (City and state or country) <u>Genoa City</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Lyle Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Joahannah Neal</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Bowman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Mrs Bill Bradford</u> <u>Morett Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anterior Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Very large benign prostate</u>		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 ☐ 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>			
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 <u>1960</u> to <u> </u> and last saw him alive on <u>5-8-61</u> Death occurred at <u>1 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. H. Goodson</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Liberty Mo</u>	
22c. DATE SIGNED <u>5-8-61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>May 10 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Arnhart</u>	
23d. LOCATION (City, town, or county) <u>South West Perry Mo</u>		23e. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	
24. FUNERAL DIRECTOR <u>Bennett & Worthington</u> ADDRESS <u>Morett Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-10-61</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Special Agent Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4213

P. O. Address Monett, 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.