

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020256

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 5018 Registrar's No. 27

FILED JUL 11 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lincoln Township</u> | | c. CITY OR TOWN <u>RFD # 1, Amazonia</u> | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles NW Amazonia</u> | | d. STREET ADDRESS (If outside, give location) <u>5 miles Northwest</u> | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN HARRISON BOWMAN</u> | | | 4. DATE OF DEATH Month Day Year <u>June 15, 1961</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-26-82</u> |
| 9. AGE (last birthday) <u>78</u> | | 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) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u> | 11. BIRTHPLACE (City and state or country) <u>Andrew County, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U S A</u> | | 13a. FATHER'S NAME <u>John R. Bowman</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Shaffer</u> | | 14. NAME OF HUSBAND OR WIFE <u>May 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>- - -</u> | 17. INFORMANT Address <u>Mrs. May Bowman, RFD 1, Amazonia</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>Myocardial Infarction</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u> | | | <u>10 years</u> |
| DUE TO (c) | | | |
| 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"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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>6-15-61</u> to <u>6-15-61</u> and last saw her/him alive on _____ | | Death occurred at <u>8:00 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Name or title) <u>Warren C Baker M.D.</u> | | 22b. ADDRESS <u>Savannah, Missouri</u> | 22c. DATE SIGNED <u>6-16-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>6-17-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>BREIT & HAWKINS SAVANNAH</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-20-61</u> | 26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> |

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 James P. Hawkes
Licensed Embalmer No. 4536

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.