

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032461

STATE FILE NUMBER

AMENDED

Registration District No. 238

Primary Registration District No. 2000

Registrar's No. 935

FILED OCT 9 1961

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN SpringfieldLength of stay in 1b
few years

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

a. STATE Missouri b. COUNTY Greene

c. CITY
OR
TOWN SpringfieldInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION D.O.A. St. John's Hosp.Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
658 S. Kentwood Ave.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
JACKMiddle
FREDRICKLast
BOWMAN4. DATE
OF
DEATHMonth
OctoberDay
4,Year
1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/21/1925

9. AGE (last birthday)

35

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)
Bookkeeper10b. KIND OF BUSINESS OR INDUSTRY
Welch Packing Co.11. BIRTHPLACE (City and state or country)
Jerome, Idaho12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Frank Bowman

13b. MOTHER'S MAIDEN NAME

Lillie Trone

14. NAME OF HUSBAND OR WIFE

Gayle Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes W.W.2, Navy

16. SOCIAL SECURITY NO.

487-32-1366

17. INFORMANT

1918 W. Scott Street
Gayle Bowman, Springfield, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound in head

INTERVAL BETWEEN
ONSET AND DEATH

?

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)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.)
He apparently shot himself with a pistol20c. TIME OF
INJURYHour
a.m.
p.m.
approx 6:45 P.M.Month, Day, Year
10/4/1961

while in his home.

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.)
in home

20f. CITY, TOWN, OR LOCATION

Springfield

COUNTY

Greene

STATE

Missouri

21. I attended the deceased from

approx 6:45 P.M.

and last saw her
him alive on

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Ralph H. Thieme
Greene County Coroner

(Degree or title)

22b. ADDRESS

Springfield, Missouri

22c. DATE SIGNED

10/6/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

10/9/1961

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

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

Springfield, Missouri

(State)

24. FUNERAL DIRECTOR

Ralph Thieme, 1200 Boonville Avenue
Springfield, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-6-61

26. REGISTRAR'S SIGNATURE

Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1961

OCT 10 1961

OCT 31 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 _____

Gene D. Hunter
Licensed Embalmer No. *4739*

P. O. Address *Springfield, 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.