MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043627
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1260

AMENDED

FILED DEC 18 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 31 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrew
c. CITY OR TOWN RFD # 1, Savannah — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 miles northwest — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Woodford Middle J. Last Bowland
4. DATE OF DEATH: Month December Day 4 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-31-86
9. AGE (last birthday): 75 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (City and state or country): Savannah, Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: M. T. Bowland
13b. MOTHER'S MAIDEN NAME: Verlinder Hartt
14. NAME OF HUSBAND OR WIFE: Clara Bowland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Clara Bowland Address: RFD # 1 Savannah, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fracture of pelvis — 31 days
DUE TO (c) Pulmonary atelectasis, causing
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 ☐ 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.) automobile accident
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 11-3-61
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.) Highway
20f. CITY, TOWN, OR LOCATION COUNTY Andrew STATE Mo
21. I attended the deceased from Nov 3, 1961, to Dec 4, 1961 and last saw her/him alive on Dec 4, 1961
Death occurred at 8:03 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE G. E. Somer M.D. (Degree or title)
22b. ADDRESS St. Joseph Mo
22c. DATE SIGNED 12-11-61
23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 12-4-61
23c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery
23d. LOCATION (City, town, or county) (State): Savannah, Missouri
24. FUNERAL DIRECTOR: BREIT & HAWKINS ADDRESS: SAVANNAH
25. DATE RECD. BY LOCAL REG.: Dec 12, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENTS ON THE RECORD ARE AS FOLLOWS

JAN 4 1962

VS DEC 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_____ Signed James B Hawkins

Signature of Student Embalmer

Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.