

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000451

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **549**

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff			Length of stay in 1b 3 weeks		c. CITY OR TOWN Bernie		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) South of city limits		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Mary Middle Eulene Last Bowman				4. DATE OF DEATH Month January Day 30 Year 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2-18-24	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months 37 Days 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Malden, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME C.C. McKenzie			13b. MOTHER'S MAIDEN NAME Mamie			14. NAME OF HUSBAND OR WIFE Benton G. Bowman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mr. Benton G. Bowman Bernie, 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) Carcinoma of the rectum with metastasis 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) _____							INTERVAL BETWEEN ONSET AND DEATH 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 _____ 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 9/10/60 to 1/29/62 and last saw her alive on 1/29/62 Death occurred at 1/30/62 6:00 a.m. the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. T. Hansbrough, M. D.				22b. ADDRESS 623 Pine Blvd., Poplar Bluff, Mo.		22c. DATE SIGNED 2/2/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-1-62		23c. NAME OF CEMETERY OR CREMATORY Malden Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Malden, Missouri	
24. FUNERAL DIRECTOR Duffie-Rainey ADDRESS Bernie, Mo.				25. DATE RECD. BY LOCAL REG. 2/3/1962		26. REGISTRAR'S SIGNATURE Helme Graham	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

23c Malden Memorial Park

23d Malden

Bernie

Bernie

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

This death certificate was personally mailed to the Doctors Hos
in Poplar Bluff, Missouri January 30, 1962 by R.L. Duffie.

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme, 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.