

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011571

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

164

FILED MAR 27 1962

## 1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN JoplinLength of stay in 1b  
30 min.c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. John's HospitalInside Limits  
Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Jasper

c. CITY OR TOWN Webb City

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (if outside, give location)  
1301 W. BroadwayReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Sharon

Middle Key

Last Bowman

4. DATE OF DEATH

Month 3

Day 18

Year 62

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-24-59

## 9. AGE (last birthday)

2 years

## 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)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

No name

## 13b. MOTHER'S MAIDEN NAME

Margaret Rankin

## 14. NAME OF HUSBAND OR WIFE

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.

None

## 17. INFORMANT

Address

Margaret Rankin Bowman, Kansas City, 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) Fell on head--produced hematoma probable

INTERVAL BETWEEN  
ONSET AND DEATH  
30 mins.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) concussion

DUE TO (c) capillary fragility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

possible hemangioma --frontal area

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.)

She was learning to walk and fell

20c. TIME OF  
INJURY 11 a.m.  
p.m.Month, Day, Year  
3-18-6220d. 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.)  
home

20f. CITY, TOWN, OR LOCATION

Webb City

COUNTY

Jasper

STATE

Mo.

21. I attended the deceased from

did not

to and last saw her

Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hendell Ruby DDS. CORONER

## 22b. ADDRESS

508 Frisco Building

## 22c. DATE SIGNED

3-19-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

3/21/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Webb City Cemetery

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

Webb City,

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Hedge-Lewis Funeral Home, Webb City, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-21-1962

## 26. REGISTRAR'S SIGNATURE

Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10499

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**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

*Richard Gray Lewis*

Licensed Embalmer No.

*4495*

P. O. Address

*Webb City, 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.