

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014804

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No. \_\_\_\_\_

Registrar's No. 42

STATE FILE NUMBER

FILED APR 17 1962

## 1. PLACE OF DEATH

a. COUNTY

Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Albany

c. FULL NAME OF (If NOT in hospital, give location)

Gentry County

HOSPITAL OR

Memorial Hospital

Length of stay in lb

9 days

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Gentry

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Albany

d. STREET

(If outside, give location)

1503 E. Howell

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MARTHA

EMILINE

BOWMAN

4. DATE

Month

Day

Year

April

13,

1962

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

7/13/62

## 9. AGE (last birthday)

93

## 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)

postmaster (retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

Civil service

## 11. BIRTHPLACE (City and state or country)

Caldwell Co., Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.

## 13a. FATHER'S NAME

Elisha Potter

## 13b. MOTHER'S MAIDEN NAME

Mary

## 14. NAME OF HUSBAND OR WIFE

Albert W. 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

Mr. Marion Bowman

## Address

St. Joseph, 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)

Bronchial Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Fractured Left Hip

10 days

## 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 ☐ 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

Month, Day, Year

a.m.

p.m.

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

4/4/62

to 4/13/62

and last saw her/him alive on 4/13/62

## Death occurred at

6:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

B. M. Dorman M.D.

## 22b. ADDRESS

Albany Mo

## 22c. DATE SIGNED

4/14/62

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

burial

## 23b. DATE

April 16, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Gentryville,

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

Gentryville, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Brooks-Cochell Funeral Home. Albany, Mo.

## 25. DATE RECD. BY LOCAL REG.

4-14-62

## 26. REGISTRAR'S SIGNATURE

Mrs. L. W. Bare

(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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10390

20390

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11039

122-0

131-0

**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 me, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ronald E. Cooshee

Licensed Embalmer No. 4868

P. O. Address Albany, 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.