

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016250

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 162

STATE FILE NUMBER

**FILED APR 25 1962**

1. PLACE OF DEATH  
 a. COUNTY Pettis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar Length of stay in 1b 50 yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena Vista Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY Pettis  
 c. CITY OR TOWN Sedalia Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Buena Vista Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
George Bowman  
 4. DATE OF DEATH Month Day Year  
Apr. 18, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  DATE OF BIRTH July 22, 1878 9. AGE (last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Unknown 11. BIRTHPLACE (City and state or country) Unknown 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Unknown

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 Buena Vista Home - Sedalia 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) Gangrene of Feet  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis  
 DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Also Senility  
 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 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 11-11-59 to 4-18-62 and last saw him alive on 4-12-62  
 Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Karl D. Gouso MD 22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo. 22c. DATE SIGNED 4-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-19-62 23c. NAME OF CEMETERY OR CREMATORY Crown Hill 23d. LOCATION (City, town, or county) (State) Sedalia Mo

24. FUNERAL DIRECTOR ADDRESS M. Laughlin Bros - Sedalia 25. DATE RECD. BY LOCAL REG. April 19 1962 26. REGISTRAR'S SIGNATURE Frances Shelby

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 K.P.M. Lrary

Licensed Embalmer No. 2153

P. O. Address Sedalia 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.