

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 37

-62-019902

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291
FILED MAY 31 1962

Primary Registration District No.

Registrar's No. 66

VS 300
Rev. 4/59

10860

281502

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural---Union Twp.		c. CITY OR TOWN Merriam	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville, Missouri		d. STREET ADDRESS (If outside, give location) 10201 West 56th Terrace	
3. NAME OF DECEASED (Type or print) First Middle Last Donald Dalton Bowman		4. DATE OF DEATH Month Day Year May 22 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/19/26
9. AGE (last birthday) 36		10. IF UNDER 1 YEAR Months 1 Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Accountant		10b. KIND OF BUSINESS OR INDUSTRY Cities Service Oil Co. Tiffin, Missouri	
11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Roy Bowman		13b. MOTHER'S MAIDEN NAME Gladys Hallford	
14. NAME OF HUSBAND OR WIFE Virginia Bowman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW II	
16. SOCIAL SECURITY NO. 515-18-5895		17. INFORMANT Shawnee Mission, Kansas Mrs. Virginia Bowman 6112 Marty Lane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO (b) from plane crash DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Crash of Continental Flight 11	
20c. TIME OF INJURY 9:45 pm	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm	20e. CITY, TOWN, OR LOCATION Union Twp.	
20f. COUNTY Putnam	20g. STATE Missouri		
21. I attended the deceased from _____, to _____, and last saw her alive on _____. Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles E. Johnson		22b. ADDRESS Unionville, Missouri	
22c. DATE SIGNED 5/24/62		22d. NAME OF CEMETERY OR CREMATORY Johnson Co. Memorial	
22e. LOCATION (City, town, or county) Kansas		22f. STATE	
23. FUNERAL DIRECTOR Charles E. Johnson		24. DATE RECD. BY LOCAL REG. 5-24-62	
25. REGISTRAR'S SIGNATURE Marvill Durbin		26. DATE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

7961 T NCR SA

JUN 6 1962

JUN 21 1962

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 _____

Licensed Embalmer No. 3954

P. O. Address Kirksville, 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.