

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026675

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

7000

Registrar's No.

1074c

FILED JUL 23 1962

1. PLACE OF DEATH

a. COUNTY **Greene**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Springfield**Length of stay in lb
9 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Burge-Protestant**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Laclede**c. CITY OR TOWN **Lebanon**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
369 North StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Theodore Franklin Bowman4. DATE OF DEATH
Month Day Year
July 10, 1962

5. SEX

male

6. COLOR OR RACE

white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-20-39

9. AGE (last birthday)

22 yrs.

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)
farmer10b. KIND OF BUSINESS OR INDUSTRY
farming11. BIRTHPLACE (City and state or country)
Laclede Co., Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Theodore Bowman

13b. MOTHER'S MAIDEN NAME

Rachel Bennett

14. NAME OF HUSBAND OR WIFE

Diane Poulson Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
National Guard Unit

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

Jerry Bowman, Lebanon, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac FailureConditions, if any,
which gave rise to
above cause (b),
stating the under-
lying cause last.

DUE TO (b)

6.5% 2nd and 3rd degree burns

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH**8 days**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 ☐ 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.)
Gas exploded while lighting water heater.20c. TIME OF INJURY
Hour Month, Day, Year
8 a.m. 7-1-6220d. 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

Lebanon

COUNTY

Laclede

STATE

Mo.21. I attended the deceased from **7-1-62**to **7-9-62**and last saw him alive on **7-8-62**

Death occurred at

3:45 A

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H. D. Harvey, M.D.

(Degree or title)

22b. ADDRESS

Springfield, Mo.

22c. DATE SIGNED

7-13-6223a. BURIAL, CREMATION,
REMOVAL (Specify)**burial**

23b. DATE

7-12-62

23c. NAME OF CEMETERY OR CREMATORY

Lebanon Cemetery

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

Lebanon, Laclede Co., Mo.

(State)

24. FUNERAL DIRECTOR

F. J. Shadel,

ADDRESS

Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

7-16-62

26. REGISTRAR'S SIGNATURE

Effie S. Meeter

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H.D. HARVEY M.D.
USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 24 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

Brian M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield 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.

Print serial 7-18-62