

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002928

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

290

Primary Registration District No.

Registrar's No.

19

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

Pulaski

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

Waynesville

OR TOWN

Pulaski Co. General Hosp.

Length of stay in 1b

2 1/2 Hours

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

HOSPITAL OR INSTITUTION

Pulaski Co. Gen. Hospital

Inside Limits

Yes ☐ No ☐

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

a. STATE

Missouri

b. COUNTY

Pulaski

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Route #1, Dixon, Mo.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Clifford

Middle

Earl

Last

Bowman

4. DATE OF DEATH

Month

2

Day

2

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

8/3/1901

9. AGE (last birthday)

61

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming--Retired

11. BIRTHPLACE (City and state or country)

Pulaski County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

George Bowman

13b. MOTHER'S MAIDEN NAME

Susan Gilbert

14. NAME OF HUSBAND OR WIFE

Norma 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.

188-12-9508

17. INFORMANT

Mrs. Clifford Bowman, Dixon, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

36 Hrs

DUE TO (b)

Massive Cerebral Hemorrhage

DUE TO (c)

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

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

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from 2-2-63 to 2-2-63 and last saw her alive on 2-2-63. Death occurred at 2-2-63 2:55 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R.D. Mewitt, M.D.

(Degree or title)

22b. ADDRESS

Waynesville, Mo.

22c. DATE SIGNED

2.3.63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/4/1963

23c. NAME OF CEMETERY OR CREMATORY

Dixon Cemetery

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

Dixon, Missouri

24. FUNERAL DIRECTOR

24a. ADDRESS

Gilbert Funeral Home, Inc., Dixon, Mo.

25. DATE RECD. BY LOCAL REG.

2-4-63

26. REGISTRAR'S SIGNATURE

Paul J. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

1 0850

2 0850

3

4 0

5 1

6

7 0

8 0

9

10 1

11

12 1-2

13 1-0

DOCUMENT

BY AFFIDAVIT OF

FEB 14 1963

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 Maurice E. Schickel

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.