

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019381

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 145

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 20 1963

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
Length of stay in 1b <u>30 Days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Co. Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Route #4</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Benjamin</u> Middle <u>HARRISON</u> Last <u>Bowman</u>			4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-26-1888</u>	9. AGE (last birthday) <u>74</u>	10. UNDER 1 YEAR IF UNDER 24 HR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Fitter - (Retired) The Gas Service Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Iowa</u>		
11a. FATHER'S NAME <u>James T. Bowman</u>			11b. MOTHER'S MAIDEN NAME <u>Elizabeth Lewis</u>		
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			13. SOCIAL SECURITY NO. <u>487-10-7954A</u>		
14. NAME OF SPOUSE OR WIFE <u>Susie Bowman (Deceased)</u>			15. ADDRESS <u>Route #4 El Dorado Spgs</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		Year <u>4</u>	
DUE TO (c) _____			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture left Hip</u>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year ____/____/____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>4/13/63</u> to <u>5/12/63</u> and last saw <u>him</u> alive on <u>5/12/63</u>	
Death occurred at <u>9:40 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Wm. C. Sunderman, D.O.</u>	(Degree or title)	22b. ADDRESS <u>El Dorado Springs, Missouri</u>	22c. DATE SIGNED <u>5/14/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 16-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sedalia Cemetery</u>	23d. LOCATION (City, town, or county) <u>Sedalia Mo.</u>
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24. FUNERAL DIRECTOR <u>Malvin H. Janssens</u>	ADDRESS <u>El Dorado Spgs. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-16-63</u>	26. REGISTRAR'S SIGNATURE <u>Joe E. Durham, per J.M.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 0201  
2 0200  
3  
4 0  
5 2  
6  
7 1  
8 0  
9 4200F

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 Helmut L. Janssens  
Licensed Embalmer No. 4529

P. O. Address El Dorado Springs

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.

Permit obtained 5-16-63