

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027592

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 167

STATE FILE NUMBER

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 7 1963

a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u>		Length of stay in 1b <u>22 days</u>	c. CITY OR TOWN <u>Schell City</u> Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar County Memorial Hospital</u>		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Earl</u> Last <u>Bowman</u>			4. DATE OF DEATH Month <u>August</u> Day <u>3</u> Year <u>1963</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>March 27, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>shop work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	9. AGE (last birthday) <u>63 years</u>
11a. FATHER'S NAME <u>Charles Bowman</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Martin</u>	11. BIRTHPLACE (City and state or country) <u>Schell City, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>549-03-2945</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>Charles Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys H. Bowman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>549-03-2945</u>	17. INFORMANT Address <u>Gladys H. Bowman, Schell City, Mo.</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>Inanition and Dibilitation</u> DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Primary Ca of Pancreas</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> <u>1-2 Years</u> <u>2 years</u>
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.)			PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>			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 <u> </u> STATE <u> </u>
21. I attended the deceased from <u>2-12-63</u> to <u>8-3-63</u> and last saw him alive on <u>8-3-63</u> Death occurred at <u>8:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ernest Banett D.O.</u>			22b. ADDRESS <u>Schell City, Mo.</u>
22c. DATE SIGNED <u>8-4-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 5, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>
23d. LOCATION (City, town, or county) <u>Schell City</u>		(State) <u>Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Lewis & Son, Schell City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 5, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Joe E. Dunsen</u>

USE BLACK INK

OR
TYPEWRITER RIBBON

AUG 13 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

John G. Lewis

Licensed Embalmer No.

4774

P. O. Address

Schell City

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