

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032851

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 199

VS 300
Rev. 4/59

1 0596

2 0590

3

4 0

5 1

6

7 0

8 2

9 177X

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 4 1963

1. PLACE OF DEATH

a. COUNTY

Livingston

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

Chillicothe

Length of stay in 1b

7 days

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

City Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

Missouri

Livingston

c. CITY OR TOWN

Rural Cream Ridge Twp.

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
10 miles N. Chillicothe

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
JAMES RAWLIN BOWMAN

4. DATE OF DEATH
Month Day Year
September 1, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-26-1898

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

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

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Stet, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Dee Bowman

13b. MOTHER'S MAIDEN NAME

Ella Lydia

14. NAME OF HUSBAND OR WIFE

Ethel D. Simpson

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.

496-42-3149

17. INFORMANT

Alfred L. Bowman; Broomfield, Colo

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral Pylonephritis

INTERVAL BETWEEN ONSET AND DEATH

1 year

DUE TO (b)

Renal Calculi Bilateral

1 year

DUE TO (c)

Carcinoma of Prostate

1 1/2 year

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 SUICIDE HOMICIDE
☐ ☐ ☐

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

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

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

STATE

21. I attended the deceased from August 1961, to present and last saw him alive on 9-1-63
Death occurred at four thirty a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Benjamin W. Riles DO

22b. ADDRESS

Chillicothe, Mo.

22c. DATE SIGNED

9-2-63

23a. BURIAL, CREATION, REMOVAL (Specify)

Burial

23b. DATE

9-3-63

23c. NAME OF CEMETERY OR CREMATORY

Resthaven Gardens

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

Chillicothe, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Norman Funeral Home

Chillicothe, Missouri

25. DATE RECD. BY LOCAL REG.

Sept. 2, 1963

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

REPORT FORM

FEB 11 1964

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

Elton Norman

Licensed Embalmer No. 4036

P. O. Address

Chillicothe, 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.

R/ES