

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 132 63-038714

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 <u>0500</u>			
2 <u>20-19</u>			
3			
4 <u>0</u>			
5 <u>2</u>			
6			
7 <u>0</u>			
8 <u>2</u>			
9 <u>331X</u>			
10			
11			
12 <u>86-0</u>			
13 <u>1-0</u>			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joachim</u>		Length of stay in 1b <u>6 yrs</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) <u>Mountain View N. H.</u>		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) <u>943 Dover Pl.</u> Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>F.</u> Last <u>Bowman</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>21</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>9-18-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R.Co.</u>	9. AGE (last birthday) <u>84</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Green Allan Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George E. Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Susan McGee</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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>702-16-4759</u>		17. INFORMANT <u>Mrs. Mary Matthews</u> Address <u>Crestwood, Mo. 1051 Trelane</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 Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 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 <u>7:15</u> a.m. p.m.	Month, Day, Year <u>9-2-63</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 <u>DeSoto, Mo.</u> COUNTY STATE	
21. I attended the deceased from <u>9-2-63</u> to <u>9-2-63</u> and last saw him alive on <u>9-9-63</u> Death occurred at <u>7:15 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. D. D. Smith, M.D.</u> (Degree or title)		22b. ADDRESS <u>Crestwood, Mo.</u>	22c. DATE SIGNED <u>9-22-63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-23-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	23d. LOCATION (city, town, or county) <u>DeSoto, Mo.</u>
24. FUNERAL DIRECTOR <u>Mahn Funeral Home DeSoto, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9/23/63</u>	26. REGISTRAR'S SIGNATURE <u>John N. Stoll, Deputy</u>

(Licensed Embalmer's Statement on Reverse Side)

[Handwritten signature]

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 *Gerald J. Maher*

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.