

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16239

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lees Summit</b>	
c. LENGTH OF STAY (in this place) <b>7 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>			

3. NAME OF DECEASED (Type or Print) <b>Amanda</b>	a. (First)	b. (Middle)	c. (Last) <b>Bowen</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1949</b>
--	------------	-------------	---------------------------	--

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 3, 1869</b>	9. AGE (In years last birthday) Months Days <b>80</b>	IF UNDER 1 YEAR Hours Min.	IF UNDER 10 HRS. Hours Min.
-------------------------	----------------------------------	--	---	--	-------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	--	--

13a. FATHER'S NAME <b>James M. Farrow</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Bell</b>	14. NAME OF HUSBAND OR WIFE <b>Chas. Bowen, (deceased)</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Daisy Brown, Lees Summit, Mo.</b>	ADDRESS
---	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-vascular collapse</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> <b>years</b> DUE TO (c) <b>Generalized arteriosclerosis</b> <b>years</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4200</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **11/26, 1948** to **5/12, 1949**, that I last saw the deceased alive on **5/12, 1949**, and that death occurred at **6:15 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. Hinkson M.D.</b>	23b. ADDRESS <b>1st Nat'l Bank - Independence</b>	23c. DATE SIGNED <b>5/13/49</b>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5/17/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>May 15-1949</b>	REGISTRAR'S SIGNATURE <b>James M. Farrow</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b>	ADDRESS <b>Independence, Mo.</b>
--	---	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48  
4  
4

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 \_\_\_\_\_

RICHARD D. MULLINS

Student Embalmer No. 268

working under my personal supervision.

Signed Richard D. Mullins...

Student Embalmer

Signed

Charles F. Taylor  
Licensed Embalmer No. 4534

P. O. Address Indy 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 this body is not embalmed, fact should be so stated above.