

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37454

4667

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City 0		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 633	
c. LENGTH OF STAY (In this place) 45 YEARS		d. STREET ADDRESS (If rural, give location) 1817 E. 43 St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Aubrey		b. (Middle) STOCKWELL		c. (Last) Plowman		4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 23-1897	
9. AGE (In years last birthday) 52 YEARS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY BILL COVENS INC.		11. BIRTHPLACE (State or foreign country) VALLEY FALLS KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ELMER PLOWMAN		13b. MOTHER'S MAIDEN NAME FIDA C. STOCKWELL		14. NAME OF HUSBAND OR WIFE MADELLA L. PLOWMAN	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-01-2303		17. INFORMANT'S SIGNATURE OR NAME Mrs. MADELLA L. PLOWMAN		ADDRESS 1817 EAST 43RD ST. KANSAS CITY, MO	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of large bowel		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		153X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 Sept. 8, 1949, to Nov. 1, 1949, that I last saw the deceased alive on Nov. 1, 1949, and that death occurred at 1:10A m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title) M.D.		23b. ADDRESS Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 11-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 3-1949		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	
24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		24e. FUNERAL DIRECTOR'S SIGNATURE D.N. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 11-3-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE	

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

Dr. Henry

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
Student Embalmer

Signed *Bernard L. Horan*

Licensed Embalmer No. *4250*

P. O. Address *M. C. 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.