

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41015**
5225

BIRTH NO. 80114-49		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5225	
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 township) OR TOWN Kansas City, Mo		c. LENGTH OF STAY (In this place) 34 H-46 M		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo		d. STREET ADDRESS (If rural, give location) Fairmont Maternity Hosp. K.C. Mo	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Children's Mercy Hosp. K.C. Mo				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Bernadine Bowling			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 12 8 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH 11-23-49		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 4 2 19
IF UNDER 1 HR. Days 4 2 19 Hours 4 2 19 Min	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Mo	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Billy Bennett		13b. MOTHER'S MAIDEN NAME Georgia Bowling		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Thompson, Supr. Fairmont Hosp.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonia ANTECEDENT CAUSES Morbid 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. 7630					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min)		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 12-6-49 , 1949, to 12-8 , 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE H. M. Gilkey M.D. (Degree or title)				23b. ADDRESS 1124 Prof Bldg		23c. DATE SIGNED 12-9-49	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Dec-12-49	24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. LOCATION (City, town, or county) (State) Nichman Mills Mo		
DATE REC'D BY LOCAL REG. 12-10-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE A.P. Doshler		ADDRESS 1415 E 15	

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

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.....

not embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

. . . P. O. Address.....

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.