

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1574**

FILED FEB 6 1950

25/192  
Wilson

BIRTH NO. _____		REG. DIST. NO. <b>164</b>		PRIMARY REG. DIST. NO. <b>3032</b>		Registrar's No. <b>12</b>	
1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg</b>		c. LENGTH OF STAY (in this place) <b>60 Yr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg</b>		<b>05/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Hosp. Clinic,</b>				d. STREET ADDRESS (If rural, give location) <b>318 W. Culton</b>			
3. NAME OF DECEASED (Type or Print) <b>Hattie May Bowen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 25 1950</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Feb. 9, 1878</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>School Teacher</b>			11. BIRTHPLACE (State or foreign country) <b>Johnson Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Wm. R. Bowen</b>		13b. MOTHER'S MAIDEN NAME <b>Lizie Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary E. Moore, 318 W. Culton</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Pyelonephritis</b>  DUE TO (c) <b>Age 72</b>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <b>Age 72</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>3 days</b> <b>6000</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 <b>1-22</b> , 1950, to <b>1-25</b> , 1950, that I last saw the deceased alive on <b>1-25</b> , 1950, and that death occurred at <b>2:5 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Anton H. Hilcap M.D.</b>				23b. ADDRESS <b>122 E Market Warrensburg, Mo.</b>		23c. DATE SIGNED <b>1-27-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 28, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Jan. 29, 1950</b>		REGISTRAR'S SIGNATURE <b>Saranuck Butchfield</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sweeney-Phillips Warrensburg, Mo.</b>			

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.....

Leo P. McGuirk

working under my personal supervision.

Student Embalmer No. 358

Signed Leo P. McGuirk  
Student Embalmer

Signed J. Earl Priest  
Licensed Embalmer No. 3878

P.O. Address Warrensburg 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.