

FILED OCT 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30762

BIRTH NO. _____		REG. DIST. NO. 750		PRIMARY REG. DIST. NO. 5572		Registrar's No. 167	
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 OR TOWN RURAL FRAIRIE Lee's Summit		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Lee's Summit		0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bannister & Nolan Rd., Lee's Summit				d. STREET ADDRESS (If rural, give location) Bannister & Nolan Rd., Lee's Summit			
3. NAME OF DECEASED (Type or Print) a. (First) ARIADNE		b. (Middle) BOWMAN		c. (Last) BARADA		4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1950	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 17, 1875		9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dr. Geo. H. Bowman		13b. MOTHER'S MAIDEN NAME Jane Homer		14. NAME OF HUSBAND OR WIFE Andrew S. Barada			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Franc A. Barada, St. Louis, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES (b) Arterio-sclerosis, cerebral Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days 331X	
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) (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 Feb. 1924, to Sept. 19, 1950, that I last saw the deceased alive on Sept. 19, 1950, and that death occurred at 5:44 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Edward Haslinger, M.D.				23b. ADDRESS 4111 Nichols Road		23c. DATE SIGNED 9/19/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/21/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 9-20-50		REGISTRAR'S SIGNATURE Donald C. Emschauer 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & Mc CLURE, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

SEP 27 RECD

Edward Hoshinger
Olyvia Anne Bell

175

OCT 17 1950

APR 15 1955

OCT 9 1950

Don *Plouffe*

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 *Emery M. Plouffe*

Licensed Embalmer No. *1848*

P. O. Address *K.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.