

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

5363

BIRTH NO. FILED JAN 12 1952 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 township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1215 West 63rd Terrace		d. STREET ADDRESS (If rural, give location) 1215 West 63rd Terrace	
3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) A. c. (Last) BOWMAN		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, - WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 22 1862
9. AGE (In years last birthday) 89 88		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jacob Bowman		13b. MOTHER'S MAIDEN NAME Catherine Ault	
14. NAME OF HUSBAND OR WIFE Clare B Bowman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Clare B Bowman 1215 W. 63st. A.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver primary site not known 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☐		21. INTERVAL BETWEEN ONSET AND DEATH 156 1/2	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 28 , 19 47 , to Dec. 12 , 19 51 , that I last saw the deceased alive on Dec. 12 , 19 51 , and that death occurred at 11:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE H. P. Boughnau MD (Degree or title)		23b. ADDRESS 315 Nichols Rd., Kansas City, Mo.	
23c. DATE SIGNED 12/14/51		24a. BURLIAL, CREMATION, REMOVAL (Specify) Entombment	
24b. DATE 12/15/51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Abbey	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCURE, Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 12-14-51		REGISTRAR'S SIGNATURE Geraldine Holmes	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. T. Bongiorno

315 Nichols Road

Lo. 7470

Friday
J.

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

Lou Berk

Licensed Embalmer No. *4216*

P. O. Address *K. B. 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.