

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

559

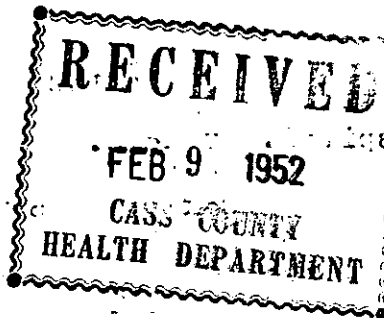
State File No. ....

FILED FEB 14 1952

BIRTH NO. ....		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4095</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel.</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel</u>		<u>0198</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hospital. At Home.</u>				d. STREET ADDRESS (If rural, give location) <u>Bates Street &amp; First.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sadie</u>		b. (Middle) <u>Cox</u>		c. (Last) <u>Bowman</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u> (Day) <u>1</u> (Year) <u>1952.</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-Sep. 29, 1873</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Household duties.</u>		11. BIRTHPLACE (State or foreign country) <u>Pettis County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew J. Cox,</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda A. Ewing.</u>		14. NAME OF HUSBAND OR WIFE <u>Charles F. Bowman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give year or dates of service) <u>None.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Murlin J. Cox, Kansas City, Mo.</u>			
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) <u>Congestive Heart Failure</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardiosis</u> DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Fibroid Tumors of</u>  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>  <u>5 years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>abdomen</u>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Drexel, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>3.30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4-2-22</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 11 1952</u> to <u>Feb. 1, 1952</u> , that I last saw the deceased alive on <u>Feb. 1</u> , 1952, and that death occurred at <u>7:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>O. Paul Hartwell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Drexel, Missouri</u>		23c. DATE SIGNED <u>2/2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>	
DATE RECD BY LOCAL REG. <u>2/6/52</u>		REGISTRAR'S SIGNATURE <u>Dora Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Drexel, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, ~~XXXXXX~~

working under ~~XXXXXXXXXXXXXXXXXXXX~~

Student ~~XXXXXXXXXXXXXXXXXXXX~~  
Student Embalmer

Signed  J.B. Hays.

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.