

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5401

State File No. \_\_\_\_\_

FILED FEB 28 1952

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5574</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>RURAL</u> <u>Near Coker, Mo.</u> TOWN <u>near Coker, Mo.</u>				c. LENGTH OF STAY (In this place) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway accident</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u> TOWN <u>3248</u>			
d. STREET ADDRESS <u>1327 Indiana</u>				e. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mollie</u>		b. (Middle) <u>S</u>		c. (Last) <u>Bowman</u>	
4. DATE OF DEATH <u>Feb. 9, 1952</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Nov. 25, 1903</u>		9. AGE (In years last birthday) <u>48</u>		10. AGE (In years last birthday) <u>48</u>		11. AGE (In years last birthday) <u>48</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lorman, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Walter E. Wade</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie S. Stowers</u>		14. NAME OF HUSBAND OR WIFE <u>Johnnie Bowman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David A. Bowman</u> ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull or Leg or Sternum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) _____ 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Jackson</u> (COUNTY) <u>Madison</u> (STATE) <u>Missouri</u>			
21d. TIME OF INJURY <u>2-9-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:36P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald C. Emsworn</u> (Degree or title)				23b. ADDRESS <u>374 North 1st St.</u>		23c. DATE SIGNED <u>2-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-12-52</u>		REGISTRAR'S SIGNATURE <u>Donald C. Emsworn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> ADDRESS <u>Independence, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 REC'D

### 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 \_\_\_\_\_

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.