

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27942

3414

BIRTH NO. _____ 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 Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Rural - West Dolan Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3419 East 7th		d. STREET ADDRESS (If rural, give location) Rural West Dolan Twp.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Emily c. (Last) Bowes	4. DATE OF DEATH 7 - 29 - 52
---	---------------------------------

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9-12-1877	9. AGE (In years last birthday) 75 7/4	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF OVER 24 HRS. Min.
---------------	------------------------	--	----------------------------	--	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Westline Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
---	---	---	------------------------------------

13a. FATHER'S NAME John Roof	13b. MOTHER'S MAIDEN NAME Ellen Carver	14. NAME OF HUSBAND OR WIFE Charles Bowes
------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Karl Bowes	ADDRESS Louisburg Kansas
--	------------------------------	--	--------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Lobar Pneumonia (Hypostatic)		- 3 days
	ANTECEDENT CAUSES DUE TO (b) Cerebro-Vascular Accident		10 Months
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arterio-Sclerotic Heart Dis.		10 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Senility	4200

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 9-15, 1951, to 7-29, 1952, that I last saw the deceased alive on 7-29, 1952, and that death occurred at 1:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR Mary V. Gulp, D.O. 2 (Degree or title)	23b. ADDRESS 912 Bryant Bldg. K.C. Mo.	23c. DATE SIGNED 7-29-52
--	--	--------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 7-31-52	24c. NAME OF CEMETERY OR CREMATORY Glenwild Cemetery	24d. LOCATION (City, town, or county) (State) Westline - Cass - Missouri
--	-------------------	--	--

DATE REC'D BY LOCAL REG. 7-30-52	REGISTRAR'S SIGNATURE Geraldine Holmes	EMBALMER'S SIGNATURE [Signature]	ADDRESS Louisburg Kans.
----------------------------------	--	----------------------------------	-------------------------

(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, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Walter B. Ruyter*

Licensed Embalmer No. *3222*

P. O. Address *Leusburg, Kansas*

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.

W