

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18368

FILED JUN 10 1953

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 23

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>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville 0191</u>	
c. LENGTH OF STAY (in this place) <u>16 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grandview Restorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u> b. (Middle) _____ c. (Last) <u>BOWLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23 1953</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 11, 1872</u>	9. AGE (In years) (Month) (Day) <u>80</u>	IF UNDER 1 YEAR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SCHOOL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miller County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>WYATT G. BOWLIN</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY McCASLIN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NINE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. E. Leadbetter Harrisonville</u>		ADDRESS
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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) <u>Arteriosclerotic Heart disease</u>		DUE TO (b) <u>acute coronary occlusion</u>			<u>Thirteen 15 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>cerebral arteriosclerosis</u>			<u>Senile psychosis</u>
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 <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Minute)	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 Mar 29, 1953 to May 3, 1953 that I last saw the deceased alive on May 8, 1953 and that death occurred at 5454 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William L. Doane MD</u> (Degree or title)	23b. ADDRESS <u>12921 Grandview Rd</u>	23c. DATE SIGNED <u>5/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 25-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garden City Mo.</u>
DATE REC'D BY, LOCAL REG. <u>5/25/53</u>	REGISTRAR'S SIGNATURE <u>L. J. ...</u>	136-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. ... Harrisonville</u> ADDRESS

(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

*Ernest Rummelberger*

Licensed Embalmer No.

3368

P. O. Address

*Harrisonville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.