

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42780

State File No.

5621

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 Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN SALISBURY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 0,210	

3. NAME OF DECEASED (Type or Print) a. (First) ROSCOE	b. (Middle) FRANCIS	c. (Last) BOWMAN	4. DATE OF DEATH (Month) (Day) (Year) November 28, 1953
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5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH December 18, 1897	9. AGE (In years) (Months) (Days) (Hours) (Min.) 56 35
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Henrietta, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alpha Bowman	13b. MOTHER'S MAIDEN NAME Catherine Hall	14. NAME OF HUSBAND OR WIFE _____
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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) Yes WWI	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Kansas City, Missouri	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH 12 hrs
	ANTECEDENT CAUSES Acute coronary occlusion	18 hrs
	II. OTHER SIGNIFICANT CONDITIONS myocardial fibrosis & coronary	17 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION sclerosis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **November 28 1953**, ~~November 28 1953~~, and that death occurred at **10-15P m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard C Schaffer, M.D. (or title)	23b. ADDRESS VA HOSPITAL, Kansas City, Mo.	23c. DATE SIGNED 11/30/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY SUNNY SLOPE CEMETERY	24d. LOCATION (City, town, or county) (State) LEXINGTON MISSOURI
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DATE REC'D BY LOCAL REG. 11-30-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer's Sons, Kansas City, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten initials and notes:
C
VA
11/30/53

FEB 10 1953

FEB 10 1953

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.....
Signature of Student Embalmer

Signed *Robert C. Henson*.....
Licensed Embalmer No. *4849*

P. O. Address *R. C. Henson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.