

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 15755  
2284

|   |  |   |   |  |  |   |  |
|---|--|---|---|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149  |   | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Kansas b. COUNTY Wyandotte |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Kansas City   |  | c. LENGTH OF STAY (in this place) 3 days  |   | c. CITY OR TOWN Kansas City  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hospital   |  |   |   | e. STREET ADDRESS (If rural, give location) 4171 Cambridge 87508   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Edna<br>b. (Middle) C.<br>c. (Last) Bowen  |  |   | 4. DATE OF DEATH<br>Month Day Year<br>May 21 1954 |  |  |   |  |
| 5. SEX Female   |  | 6. COLOR OR RACE White  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3  |  | 8. DATE OF BIRTH 9-5-1897   |  |
| 9. AGE (In years last birthday) 66  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner   |   | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas   |  | 12. CITIZEN OF WHAT COUNTRY U.S.A.  |  |
| 10b. KIND OF BUSINESS OR INDUSTRY Elvita Hat Co.  |  | 13a. FATHER'S NAME Edward E. Bowen  |   | 13b. MOTHER'S MAIDEN NAME Josephine Bousman  |  | 14. NAME OF HUSBAND OR WIFE (Divorced)  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no  |  | 16. SOCIAL SECURITY NO. 510-07-9702   |   | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Preston K.C. Kan   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Hypertension<br>DUE TO (c) General Arteriosclerosis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Coronary Insufficiency |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>2 days<br>5 yrs<br>10 yrs<br>10 yrs   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |  |  | 20. AUTOPSY?<br>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) m.  |  | 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 5-19, 1954, to 5-21, 1954, that I last saw the deceased alive on 5-21, 1954, and that death occurred at _____ m., from the causes and on the date stated above.        |  |   |   |  |  |   |  |
| 23a. SIGNATURE P.J. O'Connell, M.D. (Degree or title)<br>P. J. O'Connell  |  |   |   | 23b. ADDRESS<br>MO 1327 Apple Bldg K.C. Mo   |  | 23c. DATE SIGNED<br>5/21-54   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE 5-22-1954   |   | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery   |  | 24d. LOCATION (City, town, or county) (State) K.C. Missouri   |  |
| DATE REC'D BY LOCAL REG. 5-21-54  |  | REGISTRAR'S SIGNATURE Geraldine Smith   |   | 25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME, K.C. Kansas ADDRESS   |  |   |  |

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

2013311

2-5-92

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..... Charles W. Beaman

Licensed Embalmer No. 4932

P. O. Address.....  
Finn City, Mo.

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.