

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1955

State File No. **43260**  
**6011**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>20 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7650 BELLEVUE</b>		STREET ADDRESS (If rural, give location) <b>9<sup>th</sup> 7650 BELLEVUE</b> <b>3928</b>	

3. NAME OF DECEASED a. (First) <b>JAMES</b>		b. (Middle) <b>LESTER</b>		c. (Last) <b>BOWERS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 28, 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCT 18, 1892</b>		9. AGE (in years last birthday) <b>62</b>	
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILWAY K.C. TERMINAL</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>REECE B. BOWERS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY G. JONES</b>		14. NAME OF HUSBAND OR WIFE <b>STELLA BOWERS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>703-0386</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS Stella Bowers</b> ADDRESS <b>7650 BELLEVUE K.C.Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Atherosclerosis</b>		DUPLICATE (b) <b>Arteriosclerosis, gen.</b>		<b>10 hrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) _____		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____		<b>4:30</b>	

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) _____		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 <b>12/28</b> , 19 <b>54</b> , to <b>12/28</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Dec 28</b> , 19 <b>54</b> , and that death occurred at <b>11:00pm.</b> , from the causes and on the date stated above.					

23a. SIGNATURE <b>P. E. Pearson</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>10255 1/2 1st Bldg, K.C.Mo.</b>		23c. DATE SIGNED <b>12/29/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 31, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>					

DATE REC'D BY LOCAL REG. <b>12-31-54</b>		REGISTRAR'S SIGNATURE <b>Neval Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>K.C. Mo. 1331 BRUSH CREEK BLVD.</b>	
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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.....  
Signature of Student Embalmer

Signed *John T. Decker*.....

Licensed Embalmer No. *445*

P. O. Address *Texas*.....

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.