

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33107

FILED OCT 19 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4117

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>30 YRS</u>	c. CITY OR TOWN <u>Kansas City</u>	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 <u>General Hospital No. 1</u>		e. STREET ADDRESS (If rural, give location) <u>203 E. 13</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) _____ c. (Last) <u>Bowen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>19</u> <u>1955</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>MARRIED</u>	8. DATE OF BIRTH <u>NOV 9, 1888</u>	9. AGE (In years last birthday) <u>66</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>NEW YORK, N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MEHLMAN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN W. BOWEN</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN W. BOWEN, 203 E 13th St. KC Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>153X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary interstitial hemorrhage</u> DUE TO (c) <u>Intestinal obstruction - post-operative adhesions</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of sigmoid colon.</u>			

19a. DATE OF OPERATION <u>June 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>c. a. of sigmoid colon</u>	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) _____
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 Sept. 15, 1955, to Sept. 19, 1955, that I last saw the deceased alive on Sept. 19, 1955, and that death occurred at 10:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns M.D.</u>	23b. ADDRESS <u>24th & Cherry</u>	23c. DATE SIGNED <u>9-20-1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>9-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-22-55</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deer 23 Loggins</u>	ADDRESS <u>K.C. Mo.</u>
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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 *Paul B. Rozette*.....

Licensed Embalmer No. *47*.....

P. O. Address *KC 71*.....

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.