

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4633**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 358

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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>45 yrs</b>		STREET ADDRESS (If rural, give location) <b>519 Marsh</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>519 Marsh</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>	b. (Middle) <b>WESLEY</b>	c. (Last) <b>BOWLING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 24 1956</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>April 9, 1894</b>
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>61</b>	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Int Decorator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Knoxville Tenn</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Calvin Bowling</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Huckleby</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Smith Bowling</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495-10-4272</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bessie Bowling 519 Marsh</b>

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) <b>Acute Coronary Occlusion</b>		<b>10 min. over</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b> <b>Aortic Stenosis</b> <b>Coronary Sclerosis &amp; Insufficiency</b> DUE TO (c) <b>Auricular Fibrillation</b>		<b>10 yrs.</b> <b>1 year</b> <b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial Asthma</b>			<b>15+ yrs</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 <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 1/6, 1956 to 1/24, 1956, that I last saw the deceased alive on 1/23, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Mary C. Colglazier, MD</b> (Degree or title)	23b. ADDRESS <b>3317 E 43rd. KC MO</b>	23c. DATE SIGNED <b>1-25-56</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 26, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sheil Funeral Home Kansas City Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-26-56</b> REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		

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 *Thomas A. Steel*.....

Licensed Embalmer No. *4959*

P. O. Address *X.C. M.*

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.