

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014602

State File No.

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 90

7000

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

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 OR TOWN <u>Rural Prairie</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u>	c. CITY OR TOWN <u>Lee's Summit</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dear Prairie Lee Lake (Residence)</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>G.</u> c. (Last) <u>Bowen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 26 1883</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Craig Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>***** Chrisman</u>		13b. MOTHER'S MAIDEN NAME <u>***** Sharp</u>	
14. NAME OF HUSBAND OR WIFE <u>Ralph E. Bowen (DECEASED)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tyler F. Gauen Ridgway III. (Son)</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u> 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) <u>4200</u> (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 <u>3/28</u> , 19 <u>58</u> to <u>4/20</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/19</u> , 19 <u>58</u> , and that death occurred at <u>11:48 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Monnard D. Dummell M.D.</u> (Degree or title)		23b. ADDRESS <u>18 E. 9th St. Lee's Summit Mo.</u>	
23c. DATE SIGNED <u>4/23/58</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4/23/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cem.</u>	
24d. LOCATION (City, town, or county) <u>Craig Mo.</u>		24e. LOCATION (State) _____	
DATE REC'D BY LOCAL REG. <u>4-23-58</u>		REGISTRAR'S SIGNATURE <u>M. D. Dummell</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Langsford</u>		ADDRESS <u>Langsford Funeral Home Lee's Summit Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Summit Mo.

APR 30 1958

47- 2151 and 2152

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 *NB Longford*.....
Licensed Embalmer No. *3123*.....
P. O. Address *Leis Summit*.....

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.