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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029028
STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3820

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8112 Troost Ave. Length of stay in 1b 9 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City, Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4200 East 53rd.st. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Earl Middle Dean Last Bowers
4. DATE OF DEATH Month 8 - Day 6 - Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 9-27-1948
9. AGE (In years last birthday) 9 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child - STUDENT
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred W. Bowers
13b. MOTHER'S MAIDEN NAME Ruby Irene Keener
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Fred W. Bowers: 4200 East 53rd. K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart by Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH E9274 42
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accidental Drowning
20c. TIME OF INJURY 2.05 Hour ~~a.m.~~ p.m. Month, Day, Year 8-6-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pool
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson 123 STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo C Kealhofer Asst Deputy Coroner
22b. ADDRESS 6627 Prospect Kansas
22c. DATE SIGNED 8-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG-9-1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~ FOREST HILL CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. Newcomer's Sons ADDRESS K.C., Mo.
25. DATE RECD. BY LOCAL REG. 8-9-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Geo. C. Kealhofer

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 George E. Keeney

Licensed Embalmer No. 4909

P. O. Address T. C. Md.

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.