

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029029

STATE FILE NUMBER

3821

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY SHAWNEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN TOPEKA 81508	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL		d. STREET ADDRESS (If outside, give location) 417 CLAY	
Length of stay in 1b 1 week		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MINNIE LAVERNE BOWMAN			4. DATE OF DEATH Month Day Year AUGUST 8, 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT-24-1896	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME CHARLES STAFFORD		13b. MOTHER'S MAIDEN NAME JESSIE CAMPBELL		14. NAME OF HUSBAND OR WIFE VERNE BOWMAN	
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 VERNE BOWMAN	
				Address 417 CLAY TOPEKA KANSAS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Complications of Myocardium DUE TO (c) Outlet Obstruction of Stomach		INTERVAL BETWEEN ONSET AND DEATH 10 hrs	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4221	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION TOPEKA		COUNTY KANSAS		STATE	
21. I attended the deceased from 3/19/57 to 8/8/58 and last saw her alive on 8/8/58 Death occurred at 11:50 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Joseph A. Fogarty (Degree or title)		22b. ADDRESS 402 Withman Bldg. Topeka, Mo.		22c. DATE SIGNED 8/9/58			

23a. BURIAL CREMATION, (REMOVAL, Specify) BURIAL		23b. DATE AUG-9-1958		23c. NAME OF CEMETERY OR CREMATORY —		23d. LOCATION (City, town, or county) (State) TOPEKA KANSAS	
24. FUNERAL DIRECTOR D.W. NEWCAMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 8-9-58		26. REGISTRAR'S SIGNATURE neva minshall	

All diseases in Part I must be causally related. Joseph A. Fogarty USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 27 1958

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# 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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address Kansas City

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.