

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047111  
STATE FILE NUMBER  
6242  
Registrar's No.

FILED JAN 19 1959 Registration District No. 149 Primary Registration District No. 1002

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, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. ST. MARY'S</b>		Length of stay in 1b <b>28 years</b>	d. STREET ADDRESS (If outside, give location) <b>5507 AGNES AVENUE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WILSON</b> Middle <b>LAWRENCE</b> Last <b>BOWER</b>			4. DATE OF DEATH Month <b>DECEMBER</b> Day <b>29</b> Year <b>1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 24, 1909</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WELDER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ORNAMENTAL IRON</b>	11. BIRTHPLACE (City and state or country) <b>WEST VAN, OHIO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>BERT BOWER</b>	13b. MOTHER'S MAIDEN NAME <b>SADA STUTLER</b>	14. NAME OF HUSBAND OR WIFE <del>Mayetta</del> <b>MAYETTA BOWER</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give branch of service) <b>YES W. W. # II</b>	16. SOCIAL SECURITY NO. <b>486-07-5640</b>	17. INFORMANT <b>Mayetta</b> <b>MRS. MAYETTA BOWER</b> Address <b>5507 AGNES KANSAS CITY, MISSOURI</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>6 months</b>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <b>Natural</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>ITEM 11, 14, 17 CORRECTED</b> <b>BY AFFIDAVIT OF Informant</b> <b>2-9-59</b>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>KANSAS CITY</b> COUNTY _____ STATE _____
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21. I attended the deceased from **11-20-58** to **12-15-58** and last saw <sup>her</sup>him alive on **12-15-58**  
Death occurred at **11:03 P.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Richard I. Owens</b>	22b. ADDRESS <b>9222 E Highway 50 K.C., Mo.</b>	22c. DATE SIGNED <b>12-30-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JAN. 2, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS KANSAS CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>1-1-59</b>	26. REGISTRAR'S SIGNATURE <b>Melva Marshall</b>
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(Licensed Embalmer's Statement on Reverse Side)

Richard L. Owens USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

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 *Raymond M. Hardy* .....

Licensed Embalmer No. *4913* .....

P. O. Address *Indes mo* .....

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.