

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013183

STATE FILE NO. 1911  
REGISTRAR'S NO.

FILED MAY 1 1959

Registration District No.

149

Primary Registration District No.

1002

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57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 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>St. Joseph Hosp</b>		Length of stay in 1b <b>5 yrs</b>	d. STREET ADDRESS <b>420 E. Porte Pas</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MELVIN</b> Middle <b>W.</b> Last <b>BOWERSOX</b>			4. DATE OF DEATH Month <b>4</b> Day <b>15</b> Year <b>59</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-4-1878</b>
9. AGE (In years as of birthday) <b>80</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Ollie, Iowa</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Isaac Bowersox</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Raumacher</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Bowersox</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>None</b>	17. INFORMANT <b>Kenneth Bowersox, 420 E. Porte Pas</b> Address <b>Cimi</b>
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>Cerebral Thrombosis left</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio-sclerosis</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) <b>332x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from <b>6-28-54</b> to <b>4-15-59</b> and last saw him alive on <b>4-15-59</b> Death occurred at <b>3:35 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R.R. Frazier, Jr. M.D.</b> (Degree or title)		22b. ADDRESS <b>1027 E 15, A.C.M.O.</b>	22c. DATE SIGNED <b>4-15-59</b>
23a. DATE OF BURIAL <b>4-18-59</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Benjamin Cemetery</b>	23c. LOCATION (City, town, or county) (State) <b>Amoret, Mo.</b>
24. FUNERAL DIRECTOR <b>Wagner Funeral Home, K 6 Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-17-59</b>	26. REGISTRAR'S SIGNATURE <b>Walter Minshall</b>

H. R. Lyddon, J Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All deceased in U. S. must be causally related.

27

1:30 - 11:50

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 *Alvin R. Haenschel*

Licensed Embalmer No. *4157*

P. O. Address *A. E. 7th*

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.