

FRI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59-032235

STATE FILE NUMBER

Registration District No. 129 Primary Registration District No. 1002 Registrar's No. 4529

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City			Length of stay in 1b 60 years	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2806 Gilliam Road		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Fred Middle Edgar Last Bowen				4. DATE OF DEATH Month September Day 17 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 15 1889	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic & Welder	10b. KIND OF BUSINESS OR INDUSTRY Kissick Construction Company	11. BIRTHPLACE (City and state or country) Windson Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William Bowen			13b. MOTHER'S MAIDEN NAME Addie Belle Johnson		14. NAME OF HUSBAND OR WIFE Margaret M. Bowen		
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. 496-09-4983	17. INFORMANT Kansas City Missouri Mrs. Margaret M. Bowen 2806 Gilliam Rd.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion							INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis of coronary arteries							5 years
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Femoral artery thrombosis, left					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____						
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 Sept. 3, 1959 to Sept. 17, 1959 and last saw ^{her} him alive on Sept. 17, 1959 Death occurred at 8:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE E. L. Slentz, MD. (Degree or title)				22b. ADDRESS 4620 Nicbols Plwy, Kans City, Mo		22c. DATE SIGNED 9/17/59	
23a. BURIAL, CREMATION, RECOVERY (Specify) Burial	23b. DATE 9/19/1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri			
24. FUNERAL DIRECTOR D. W. Newcomer Sons 1331 Brush Creek Blvd. Kansas City, Missouri			25. DATE RECD. BY LOCAL REG. 9-18-59	26. REGISTRAR'S SIGNATURE Neva Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles K. [Signature]

Licensed Embalmer No. 4031

P. O. Address _____

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.