

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-032236

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4487 STATE FILE NUMBER

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) OR TOWN KANSAS CITY		Length of stay in lb 17 YRS.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH HOSP			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 8507 EAST 47th STREET		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) JAMES HENRY BOWMAN				4. DATE OF DEATH Month SEPT Day 13 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH JUNE 15, 1910	9. AGE (last birthday) 49 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR UNION WIRE & ROPE CO.			10b. KIND OF BUSINESS OR INDUSTRY SOUTH GREENFIELD MO		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME DAVID L. BOWMAN		13b. MOTHER'S MAIDEN NAME MARY E. DOUGHTRY			14. NAME OF HUSBAND OR WIFE HELEN L. 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. 495 07 3059		17. INFORMANT Address HELEN BOWMAN 8507 E. 47th TERR		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐	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 <u>7-12-55</u> to <u>9-13-59</u> and last saw him alive on <u>9-13-59</u> Death occurred at <u>11 45 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. M. Doughty</u> (Degree or title)			22b. ADDRESS <u>3401 E 12th KC Mo</u>			22c. DATE SIGNED <u>9-14-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9 15 59	23c. NAME OF CEMETERY OR CREMATORY PENNSBORO CEM		23d. LOCATION (City, town, or county) PENNSBORO, MISSOURI		(State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.			25. DATE RECD. BY LOCAL REG. 9-15-59		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. V.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.