

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUN 15 1960

-60-019299

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2918 STATE FILE NUMBER

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>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>8 mo.</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>Baptist Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>10217 Tracy</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Vincent</b> Middle <b>Martin</b> Last <b>Bowen</b>			4. DATE OF DEATH Month <b>5</b> Day <b>29</b> Year <b>60</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>4-8-24</b>	9. AGE (last birthday) <b>36</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Service Supervisor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>A.T.&amp;T. Co.</b>	11. BIRTHPLACE (City and state or country) <b>East St. Louis, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>usa</b>
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13a. FATHER'S NAME <b>Patrick Bowen</b>	13b. MOTHER'S MAIDEN NAME <b>Odelia Sontag</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine M. Bowen</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>	16. SOCIAL SECURITY NO. <b>306-14-3816</b>	17. INFORMANT <b>Mrs. Katherine Bowen, 10217 Tracy</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>Lymphosarcoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from <b>Jan 60</b> to <b>May 60</b> and last saw <sup>her</sup> him alive on <b>29 May 60</b> Death occurred at <b>5:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Herbert H. Virden M.D.</b>	22b. ADDRESS <b>Baptist Memorial Hosp.</b>	22c. DATE SIGNED <b>30 May 60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-31-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Bellville, Illinois</b>
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24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar, 1800 Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>5-31-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Herbert H. Virden

**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 James R. Phillips

Licensed Embalmer No. 464

P. O. Address A City

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