

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS MAY 27 1960

**-60-019364**

**2679**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. Hospital</b>		Length of stay in 1b <b>70 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>1229 Van Brunt</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mr. Ora</b> Middle <b>A.</b> Last <b>Dowell</b>				4. DATE OF DEATH Month <b>5th</b> Day <b>14th</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</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>8-12-86</b>	9. AGE (last birthday) <b>73 yrs</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clothing Buyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri Clothing Co.</b>		11. BIRTHPLACE (City and state or country) <b>Versailles, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>	
13a. FATHER'S NAME <b>Leonis Dowell</b>			13b. MOTHER'S MAIDEN NAME <b>Betty Bowen</b>		14. NAME OF HUSBAND OR WIFE <b>Rena Dowell</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>8/5/17 68 376/19</b> <b>487-10-8096</b>		17. INFORMANT Address <b>VA Hospital Records, K.C., Mo</b> <b>Rena Dowell, wife K.C., Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Bronchopneumonia of the left ling, moderate</b>							
DUE TO (b) <b>Malignant lymphoma of the small intestine and</b>							
DUE TO (c) <b>abdominal and thoracic lymphnodes.</b>							
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"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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.)			
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. attended the deceased from <b>March 22, 1960</b> to <b>May 11, 1960</b>		Death occurred <b>10:30 a</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>H. L. Holtgrewe</i> <b>H. L. HOLTGREWE</b>				22b. ADDRESS <b>MD V.A. Hospital, K.C., Mo</b>		22c. DATE SIGNED <b>5/14/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-17-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Melody-McGilley-Eylar Funeral Home</b> <b>1800 E. Linwood Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>5-16-60</b>		26. REGISTRAR'S SIGNATURE <i>Reva Marshall</i>	

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arthur Eugene

Licensed Embalmer No. 49

P. O. Address KC 71

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