

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 8 1960 149

=60-026735

STATE FILE NUMBER

3815

Registration District No. Primary Registration District No. Registrar's No.

DEED

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 lb 75 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital				d. STREET ADDRESS 2526 Holmes		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First MARTHA Middle P. Last BOWMAN				4. DATE OF DEATH Month July Day 23 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Nov. 2, 1883	9. AGE (last birthday) 76	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Bardstown, Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Henry Payne			13b. MOTHER'S MAIDEN NAME Anna M. Cahill			14. NAME OF HUSBAND OR WIFE Wm. E. 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. None		17. INFORMANT Address Wm. E. Bowman, 2526 Holmes			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombotic Thrombocytopenia DUE TO (b) Hypersplenism (?) DUE TO (c) Post necrotic Cerebrosis of the liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 7 1/2 wks ? Presumably years -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition entered in PART I (a) Diabetes Mellitus						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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 May 11 1960 to July 23 1960 and last saw her alive on July 22, 1960 Death occurred at 12 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. Goodson, Jr. MD (Degree or title)				22b. ADDRESS 730 Prof Bg Kansas City 6 Mo		22c. DATE SIGNED 7/25/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-26-60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR Melody McGilley-Eylar Funeral Home Woodland-Linwood				25. DATE RECD. BY LOCAL REG. 7-25-60		26. REGISTRAR'S SIGNATURE Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF H. Goodson, Jr. - MEDICAL CERTIFICATION

Dr. Wm H.
Prof. B.

Vi. 2-

2:30 P.M.

Dr. Wm H. Rogers

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

James W. Wain

Licensed Embalmer No. *4650*

P. O. Address *K.C., Mo.*

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.