RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960 149 Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4047

-60-030808 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 2 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joesph Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 306 So. Spruce — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOSEPH ~~JOSEPH~~ Middle: C. Last: SOWDER
4. DATE OF DEATH Month August Day 5 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/25/89
9. AGE (last birthday) 71 — 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) Railroad Baggaeman
10b. KIND OF BUSINESS OR INDUSTRY C M Of St Paul
11. BIRTHPLACE (City and state or country) Harris, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Marshall Sowder
13b. MOTHER'S MAIDEN NAME Elizabeth Carpenter
14. NAME OF HUSBAND OR WIFE Inez Sowder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 707-10-0212
17. INFORMANT Inez Sowder, 306 So. Spruce Address

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)	Cardiac Arrythmia	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial Ischemia	18d
DUE TO (c)	Coronary Occlusion	18d

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis

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 Jan 1 1960 to present and last saw her/him alive on 8/5/60
Death occurred at St Joseph Hosp on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George W Bond (Degree or Title) MD
22b. ADDRESS 5111 Independence Ave
22c. DATE SIGNED 8/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug. 5, 1960
23c. NAME OF CEMETERY OR CREMATORY –
23d. LOCATION (City, town, or county) (State) Princeton, Missouri

24. FUNERAL DIRECTOR Martin Funeral Home, Princeton, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-7-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF George K. Bond DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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