

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012985

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 83

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY Cass
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville Length of stay in 1b 2 yrs
 c. FULL NAME OF HOSPITAL OR INSTITUTION Basant Nursing Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution): Residence before admission)
 a. STATE Missouri b. COUNTY Cass
 c. CITY OR TOWN Harden City Inside Limits Yes No
 d. STREET ADDRESS Rural Route 2 (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Susan Katherine Bowers
 4. DATE OF DEATH Month Day Year
4 24 61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-20-76 9. AGE (last birthday) 85
 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Georgia, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Abner Jones 13b. MOTHER'S MAIDEN NAME Emily Anderson 14. NAME OF HUSBAND OR WIFE Valney Roger Bowers
San Diego, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If Yes, give war or dates of service) no SECURITY NO. _____ 17. INFORMANT Mrs. Olive Marie Erickson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 DAYS
 DUE TO (b) GENERALIZED ATEROSCLEROSIS 5 YRS
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
 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

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 1958 to 4-24-61 and last saw her/him alive on 4-22-61
 Death occurred at 2:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. Moody (Deceased's title) 22b. ADDRESS Harrisonville Mo 22c. DATE SIGNED 4-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial 23b. DATE 4-24-61 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town or county) (State) Harden City, Missouri

24. FUNERAL DIRECTOR Hebert Funeral Homes (S) & L. Co. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. April 24/1961 26. REGISTRAR'S SIGNATURE Mrs. Ray Debee

(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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Weiland

Licensed Embalmer No. 4075

P. O. Address 212, 8 Mo.

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