

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039789

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 5474

FILED OCT 24 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	a. STATE MISSOURI	b. COUNTY JACKSON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		c. CITY OR TOWN KANSAS CITY	d. STREET ADDRESS 1911 EAST 70TH STREET
3. NAME OF DECEASED (Type or print) First Middle Last HARRY ALVIN BOWMAN		4. DATE OF DEATH Month Day Year October 8, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-17-96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired meuseur - MANAGER - JEWISH COMM. CENTER		10b. KIND OF BUSINESS OR INDUSTRY HEALTH CLUB	11. BIRTHPLACE (City and state or country) Parsons, Kansas
13a. FATHER'S NAME Albert A. Bowman		13b. MOTHER'S MAIDEN NAME Anna Hornback	14. NAME OF HUSBAND OR WIFE Mable G. Bowman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8-3-18 to 9-30-19		16. SOCIAL SECURITY NO. 495 05 3280	17. INFORMANT Mable G. Bowman, wife
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory insufficiency DUE TO (b) Pleural effusion DUE TO (c) Post-operative esophagogastrrectomy 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			INTERVAL BETWEEN ONSET AND DEATH
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 Sept. 23, 1963 to October 8, 1963 Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE T. E. KING, M.D.		22b. ADDRESS VA Hospital, Kansas City, Missouri	22c. DATE SIGNED 10-8-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 10, 1963	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 10-10-63	26. REGISTRAR'S SIGNATURE Beaie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DECEASED
 NAME
 DATE
 PLACE
 SEX
 AGE
 OCCUPATION
 RESIDENCE
 CAUSE OF DEATH
 TIME OF DEATH
 PLACE OF DEATH
 NAME OF EMBALMER
 ADDRESS OF EMBALMER
 CITY AND STATE OF EMBALMER
 SIGNATURE OF EMBALMER
 DATE OF EMBALMING
 PLACE OF EMBALMING
 NAME OF DECEASED
 ADDRESS OF DECEASED
 CITY AND STATE OF DECEASED
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 DATE OF DEATH
 PLACE OF DEATH
 NAME OF DECEASED
 ADDRESS OF DECEASED
 CITY AND STATE OF DECEASED
 SIGNATURE OF DECEASED
 DATE OF DEATH
 PLACE OF DEATH

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 *Louis Zucht*
X

Licensed Embalmer No. 4096

P. O. Address K.C. 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.