

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13583

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>60</u>				
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u>				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u>			c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u> <u>Topeka</u>			<u>8150</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>USAH Fort Leonard Wood, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>823 West 10th Street</u>				<u>8</u>		
3. NAME OF DECEASED (Type or Print) <u>William W. Bowen</u>			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH		(Month)		(Day)		(Year)				
<u>April</u>		<u>8</u>		<u>1951</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>16 August 1920</u>		9. AGE (In years last birthday) <u>30</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (State or foreign country) <u>Topeka, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Harry S. Bowen</u>			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>F. H. Drimwald Maj MSc USAH Hosp Ft L W Mo</u>			ADDRESS <u>FLA W Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemoperitoneum</u>				ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <u>Laceration of liver</u>				<u>68234</u>		
				DUE TO (c) <u>Auto accident</u>				<u>32</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Hemothorax bilateral</u>						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Ft Leonard Wood, Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 6 1951</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u> <u>overturned</u>					
22. I hereby certify that I attended the deceased from <u>6 April, 1951</u> , to <u>8 April, 1951</u> , that I last saw the deceased alive on <u>8 April, 1951</u> , and that death occurred at <u>1305</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>A. D. Brumaker Jr Capt M C</u>				23b. ADDRESS <u>Ft Leonard Wood, Mo</u>			23c. DATE SIGNED <u>4-10-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/10/51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>				
DATE REC'D BY LOCAL REG. <u>4-12-51</u>		REGISTRAR'S SIGNATURE <u>Helma C. Buckthorpe</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>				ADDRESS <u>Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0850
D

Date Filed 4-12-51

File Number

Pulaski County Health Officer

RECEIVED 4-12-51

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed

Walter J. Redman

Signed _____
Student Embalmer

Licensed Embalmer No. 14265

P. O. Address Sherrin, 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 this body is not embalmed, fact should be so stated above.