

JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19424

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

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>722</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>2 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1006 Dewey Ave. Parkview Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>3006 Beck Road</b>			
3. NAME OF DECEASED a. (First) <b>Frances</b>			b. (Middle)		c. (Last) <b>Bowring</b>		4. DATE OF DEATH (Month) <b>July</b> (Day) <b>6</b> (Year) <b>1952</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Dec. 2, 1875</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeepingg</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Clay Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>W. H. Bowring</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy Dowdel</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Otto Babcock, 3006 Beck Rd. St. Joseph, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b> DUE TO (c) <b>Arteriosclerotic heart disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>?</b>  <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec</b> , 19 <b>50</b> , to <b>July 2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>July 2</b> , 19 <b>52</b> , and that death occurred at <b>11:28 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wilbur B. McDonald M.D.</b>			(Degree or title)		23b. ADDRESS <b>301 N. 8th St.</b>		23c. DATE SIGNED <b>7 July '52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/8/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cemetery Buchanan County, Mo.</b>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <b>July 10, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Cast</b>		446 25. FUNERAL DIRECTOR'S SIGNATURE <b>William Bowman Buchanan Nursing Home St. Joseph Mo.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

Dr. William M. S. Leonard

**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 .....  
Student Embalmer

Signed William Spalding \_\_\_\_\_

Licensed Embalmer No. 4535 \_\_\_\_\_

P. O. Address 3195 10th St. Joseph, 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.