

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18536

State File No.

FILED JUN 22 1955

BIRTH NO.		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>2376</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shownee Rural</u> <u>8150</u>		
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>13400 W 67th Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				
3. NAME OF DECEASED a. (First) <u>Harvey</u> (Type or Print)		b. (Middle) <u>A</u>		c. (Last) <u>Bousman</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-1955</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 2 - 1884</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Shownee Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Wesley P. Bousman</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Howe</u>		14. NAME OF HUSBAND OR WIFE <u>Alvena Bousman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Alvena Bousman - Same</u>
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)		<u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Adenocarcinoma Prostate</u>		<u>2 years</u>
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral hydronephrosis, lance- atic dilation ureter (Bilateral)</u>		<u>177x</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma Prostate</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 <u>June 1953</u> to <u>May 31</u> , 1955, that I last saw the deceased alive on <u>May 30</u> , 1955, and that death occurred at <u>9A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E.A. Fawke</u>		(Degree or title) ² <u>L. F. Fawke D.O.</u>		23b. ADDRESS <u>Merriman Kans</u>
23c. DATE SIGNED <u>6/1/55</u>				
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>June 2 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shownee Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Shownee Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edna ... Shownee Kansas</u>		
DATE REC'D BY LOCAL REG. <u>6-2-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

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

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

Erwin E. Russell

Licensed Embalmer No.

4811

P. O. Address

Shawnee, Kan.

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.