

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22036**  
**3147**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Jackson</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |  | c. CITY OR TOWN <b>Kansas City</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>30 yrs</b>   |  | STREET ADDRESS (If rural, give location) <b>1328 East 36th Street 35380</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1328 East 36th Street</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Edwin Nathan</b><br>b. (Middle) _____<br>c. (Last) <b>Bowen</b>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>July 23 1955</b>  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>  | 8. DATE OF BIRTH <b>June 7 1889</b>  |
| 9. AGE (In years last birthday) <b>66</b>   | IF UNDER 1 YEAR Months _____   | IF UNDER 24 HRS. Days _____  | IF UNDER 2 HRS. Hours _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mechanic</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Mechanic</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Abbotstown Pa.</b>   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>   |  |  |  |
| 13a. FATHER'S NAME <b>unknown</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>unknown</b>   | 14. NAME OF HUSBAND OR WIFE <b>Phoebe Bowen</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>487-10-3225</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Laura Murphy -Sister in law-917 E 77th st</b>  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of death unknown</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>7955</b> |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION<br><b>no Post Mort</b>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>   | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)   |  | 23b. ADDRESS <b>1034 Briarwood Bldg</b>  | 23c. DATE SIGNED <b>7-25-55</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 24b. DATE <b>July 26 55</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah</b>  | 24d. LOCATION (City, town or county) (State) <b>Kansas City Missouri</b>   |
| DATE REC'D BY LOCAL REG. <b>7-25-55 Neva Marshall</b>   | REGISTRAR'S SIGNATURE  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Melody McGilley Eylar Kansas City Mo</b>  |  |

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed.....  
*Melvin Dartman*

Licensed Embalmer No. *490*

P. O. Address *17 C M*

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.