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FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33108**
4525

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1062** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (in this place) 38 yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Paseo Nursing Home		e. STREET ADDRESS (If rural, give location) 3417 Anderson	

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA	b. (Middle) ANNA	c. (Last) BOWMAN	4. DATE OF DEATH (Month) (Day) (Year) Oct 22 1955
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1876
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Muscoto Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Sharp	13b. MOTHER'S MAIDEN NAME Anna Coy	14. NAME OF HUSBAND OR WIFE William P Bowman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-12-8874B	17. INFORMANT'S SIGNATURE OR NAME Helen Reed	ADDRESS 3417 Anderson
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years 3 years 4500
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Arteriooclerosis rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **10-1-55**, 19____, to **10-22-55**, that I last saw the deceased alive on **10-22-55**, 19____, and that death occurred at **2:15** p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Frank Paul Laurezana M.D.	23b. ADDRESS 498 South White Ave	23c. DATE SIGNED 10-22-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 24, 1955	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		

DATE REC'D BY LOCAL REG. 10-22-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Sheil Funeral Home	ADDRESS Kansas City Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Laurezana

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 *Thomas A. Shiel*.....

Licensed Embalmer No...*49*...

P. O. Address, *J. 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.