

FILED FEB 14 1956

STANDARD CERTIFICATE OF DEATH

State File No. 244

BIRTH NO. 27916-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Tarkio		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 1 day		e. STREET ADDRESS (If rural, give location) 00301			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Methodist Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) KERRY			b. (Middle) DIANE			c. (Last) BOWLIN			4. DATE OF DEATH (Month) (Day) (Year) January 29, 1956		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH May 26, 1955		9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months 3	IF UNDER 4 Hrs. Hours 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Fairfax, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Hayden Bowlin			13b. MOTHER'S MAIDEN NAME Ruth Robinson			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) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Mrs. Hayden Bowlin, Tarkio, Missouri			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia							1 wk	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 493x								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocardial failure							1 day	
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)		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 **Jan 22, 1956** to **Jan 22, 1956**, that I last saw the deceased alive on **Jan 22, 1956** and that death occurred at **6:50 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. W. Wachtel MD		23b. ADDRESS Kirkpatrick Bldg, St. Joseph, Mo.		23c. DATE SIGNED 1/30/1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/30/1956		24c. NAME OF CEMETERY OR CREMATORY Tarkio, Missouri	

DATE REC'D BY LOCAL REG. Feb 7, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison		FUNERAL DIRECTOR'S SIGNATURE Heaton-Bauman St. Joseph, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. W. A. Walter

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 *Richard D. Collins*

Licensed Embalmer No. *4959*
319 So. 1st St.
P. O. Address *St. Louis*

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.