

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26794

STATE FILE NUMBER

FILED SEP 11 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3492

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Irving H. Clark, M.D.

|   |  |  |  |
|---|--|--|--|
| 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> b. COUNTY <b>Jackson</b>               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>Hickman Mills, Mo.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Hosp.</b> Length of stay in lb <b>5 months</b>   |  | d. STREET ADDRESS <b>11607 Elmwood</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |  |
| 3. NAME OF DECEASED (Type or print) <b>Edna</b> First <b>Bowers</b> Middle <b>Bowers</b> Last   |  | 4. DATE OF DEATH <b>Aug 9 1956</b> Month <b>Aug</b> Day <b>9</b> Year <b>1956</b>  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Sept 10, 1918</b>  |
| 9. AGE (In years last birthday) <b>37</b>   |  | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>  | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>  | 11. BIRTHPLACE (City and state or country) <b>Fulton, Mo.</b>                                  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |  | 13. FATHER'S NAME <b>Clark Melton</b>  |  |
| 14. MOTHER'S MAIDEN NAME <b>Ruby Sims</b>   |  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>                                      |  |
| 16. SOCIAL SECURITY NO. <b>None</b>   |  | 17. INFORMANT <b>Mr. Hal Bowers</b> Address <b>Hickman Mills, Mo.</b>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Intestinal obstruction</b><br>Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <b>Primary Cancer of the lung with Metastasis.</b><br>DUE TO (c) <b>Metastasis.</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b><br><b>6 mo</b><br><b>11 1/2</b>             |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)   |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |  |
| 20c. TIME OF INJURY<br>Hour <b>2:30</b> Month, Day, Year <b>Aug 8 1956</b><br>a. m. <b>0</b> p. m. <b>0</b>   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    | 20f. CITY, TOWN, OR LOCATION <b>Hickman Mills, Mo.</b> COUNTY <b>Jackson</b> STATE <b>Missouri</b>   |  |
| 21. I attended the deceased from <b>March 1956</b> to <b>August 9 1956</b> and last saw her/him alive on <b>Aug. 8 1956</b> . Death occurred at <b>2:30</b> <b>PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |  |
| 22a. SIGNATURE <b>Irving H. Clark M.D.</b> (Print or title)   |  | 22b. ADDRESS <b>5801 Kingsley Hickman Mills, Mo.</b>   | 22c. DATE SIGNED <b>8/9/56</b>   |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSAL <b>Funeral Home</b>   | 23b. DATE <b>Aug 10, 56</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cemetery</b>   | 23d. LOCATION (City, town, or county) (State) <b>Neosho, Missouri</b>                          |
| 24. FUNERAL DIRECTOR <b>Muehlebach Funeral Home</b> ADDRESS <b>6800 Troost</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>8-9-56</b>   | 26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>   |

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*J. E. Ward*

Licensed Embalmer No. 399

P. O. Address 308 E. 68th St.  
N. E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.