

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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

157 20960
STATE FILE NUMBER 2903

FILED JUL 12 1957

6971 39044-57 Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center - Life			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 1624 Chelsea
3. NAME OF DECEASED (Type or print) First Lawrence Middle Ray Last Bowman			4. DATE OF DEATH Month June Day 12 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-10-57		9. AGE (In years last birthday) NB IF UNDER 1 YEAR: Months 2 IF UNDER 24 HRS.: Days 2 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME CLARENCE C. BOWMAN		
14. MOTHER'S MAIDEN NAME UNA FEYE BENEDECT			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) NO		
16. SOCIAL SECURITY NO. NONE			17. INFORMANT Mrs. G. Bowman, 4624 Chelsea, K.C.M.S.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sclerema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hyaline membrane disease DUE TO (c) 					INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days.
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 7.730					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour Month Day Year a. m. p. m. 					
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 COUNTY STATE	
21. I attended the deceased from June 10, 1957 to June 12, 1957 and last saw her alive on June 12, 1957 Death occurred at 8:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Herbert J. Winer, M.D.			22b. ADDRESS 411 Nichols Rd., K.C.M.S.		22c. DATE SIGNED 6/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Retained		23b. DATE 6-12-57		23c. NAME OF CEMETERY OR CREMATORY BODY WAS SIGNED OVER TO PATHOLOGY	
24. FUNERAL HOME OR ADDRESS MENORAH MEDICAL CENTER		25. DATE PCA BY LOCAL DEPT. 6-21-57		26. REGISTERED STATE EMPLOYEE Newa Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Herbert J. Winer



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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.