

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005372

STATE FILE NUMBER

1036

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1036

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 806 W. 26th st			Length of stay in lb 12 yrs	d. STREET ADDRESS none			(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William <i>First</i> none <i>Middle</i> Bowman <i>Last</i>				4. DATE OF DEATH Feb 25 1958		Month Feb Day 25 Year 1958		
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 27, 1887		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4 Days 28	IF UNDER 24 HRS. Hours 0 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Hardin, Mo		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME John H. Bowman				14. MOTHER'S MAIDEN NAME Frances Van Trump				
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. 500-07-2745		17. INFORMANT Ray Bowman, Richmond, Mo Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Congestion of the Lungs DUE TO (b) Right Heart Failure DUE TO (c) Prostatic Cancer. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 027						INTERVAL BETWEEN ONSET AND DEATH 2 days. 10 days. 3 yrs.		
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 11 Month 1 Day 57 Year 58 a. m. 15 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 2-1-57 to 2-25-58 and last saw ^{her} him alive on 2-25-58 Death occurred at 115 pm on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Otto W. Theel M.D.				22b. ADDRESS 4301 Main Street KCMo		22c. DATE SIGNED 2-25-58		
23a. BURIAL, CREMATION, RESOUND (Specify)	23b. DATE Feb 27, '58	23c. NAME OF CEMETERY OR CREMATORY Wakenda		23d. LOCATION (City, town, or county) (State) 10 miles north Hardin, Mo				
24. FUNERAL DIRECTOR ADDRESS Thomas J. Carter, Richmond, Mo				25. DATE RECD. BY LOCAL REG. 2-26-58		26. REGISTRAR'S SIGNATURE Neve Minshall		

health, Welfare public service
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disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. XIT
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Otto W. Theel



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas J. Carter*.....

Licensed Embalmer No. *44*

P. O. Address *Richmond*.....

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.