

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021811

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2957

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1		d. STREET ADDRESS (If outside, give location) "UNK"	
Length of stay in lb 35 YRS. 3		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SAMUEL Middle LANGSTON Last Bowman			4. DATE OF DEATH Month 6 Day 10 Year 1958			
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-26-1889	9. AGE (In years, last day) 69	IF UNDER 1 YEAR Months 6 Days 10	IF UNDER 24 HRS. Hours 10 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and state or country) Stone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James Bowman		13b. MOTHER'S MAIDEN NAME Sybil Long		13c. NAME OF HUSBAND OR WIFE Lillian May Bowman			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-03-3731		17. INFORMANT Clarence C. Bowman Address 4629 Chelsea Xc			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____							
DUE TO (c) _____						3/1x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 Hour _____ 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 6-9-58 , to 6-10-58 and last saw ^{her} him alive on 6-10-58		Death occurred at 9:02 A m on the date stated above; and to the best of my knowledge, from the causes stated.							

22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS General Hospital No. 1				22c. DATE SIGNED 6-11-58	
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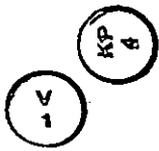
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-14-1958		23c. NAME OF CEMETERY OR CREMATORIAL Green Lawn Cemetery		23d. LOCATION (City, town or county) (State) Kansas City Missouri	
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24. FUNERAL DIRECTOR Willard Funeral Home & C. Co.		ADDRESS		25. DATE RECD. BY REG. 6-12-58		26. REGISTRAR'S SIGNATURE Nava Marshall	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. I. BUTTS

All diseases in Part I must be causally related.



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 *B E Weibert*

Licensed Embalmer No. *4075*

P. O. Address *K.C. 8, 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.