

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013260

STATE FILE NUMBER 1983
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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 No

c. CITY OR TOWN **Kansas City** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Research Hospital** Length of stay in 1b **16 yrs**

d. STREET ADDRESS **1410 E. 35th St.** (If outside, give location) Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Bessie** Middle **Irene** Last **Dowling**

4. DATE OF DEATH Month **April** Day **19** Year **1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH **Dec. 15, 1889** 9. AGE (In years last birthday) **69** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Meredosia, Illinois**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Benjamin Crawford** 13b. MOTHER'S MAIDEN NAME **Mary Walters** 14. NAME OF HUSBAND OR WIFE **W. J. Dowling**

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. **487-14-8998** 17. INFORMANT **Mary Davidson** Address **1410 E. 35th, K.C., Mo.**

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 accident** INTERVAL BETWEEN ONSET AND DEATH **9 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Cardiac asthma** **Unknown**

DUE TO (c) **Arteriosclerosis** **Unknown**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Arteriosclerosis Coronary Occlusion** 331X

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., nor about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **February 10, 1959** to **April 19, 1959** and last saw her ^{him} alive on **April 18, 1959**. Death occurred at **4 21 a.m. 4/19/59** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harold A. Pallett, M.D.** 22b. ADDRESS **1132 Paul Blvd. K.C. Mo.** 22c. DATE SIGNED **4/20/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Apr. 21, 1959** 23c. NAME OF CEMETERY OR CREMATORY **Union Cemetery** 23d. LOCATION (City, town, or county) (State) **Unionville, Mo.**

24. FUNERAL DIRECTOR **Stine & McClure, Kansas City, Missouri!** ADDRESS 25. DATE RECD. BY LOCAL REG. **4-21-59** 26. REGISTRAR'S SIGNATURE **Neva Marshall**

Harold A. Pallett USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 24 1950
AUG 24 1950
AUG 24 1950

72

Professional Body 1122
1:00 - 5:00 p.m.

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 *William M. Juril*

Licensed Embalmer No. *4648*
P.O. Address *Kansas City, 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.