

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017648

STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2333

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Missouri		c. CITY OR TOWN Kansas City, Kansas	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C. Mo.		d. STREET ADDRESS 711 Shawnee Rd.	
3. NAME OF DECEASED (Type or print) First Willard Middle Lee Last Chowning Sr.		4. DATE OF DEATH Month 5th Day 10th Year 1959	
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 3/23/96
9. AGE (In years last birthday) 63		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) Bus Line Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Benjamin Chowning	
13b. MOTHER'S MAIDEN NAME Mary Salesman		14. NAME OF HUSBAND OR WIFE Grace Chowning	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 513-16-6658	17. INFORMANT VA HOSPITAL RECORDS Address 4801 Linwood 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) Pulmonary congestion and edema, advanced. DUE TO (b) Recent and remote posterior septal myocardial infarct DUE TO (c) Ateromatous narrowing coronary arteries. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 20/
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 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 Kansas City		COUNTY Kansas STATE	
21. Attended the deceased from 3-23-59 to 5-10-59 Death occurred at 1:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W. M. D.	
22b. ADDRESS VA Hospital, K. C. Mo.		22c. DATE SIGNED 5/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 11 1959	
23c. NAME OF CEMETERY OR CREMATORY Maple Hill		23d. LOCATION (City, town, or county) (State) Kansas City Kansas	
24. FUNERAL DIRECTOR D. V. Newcomer's Sons		ADDRESS K.C.K	
25. DATE RECD. BY LOCAL REG. 5-11-59		26. REGISTRAR'S SIGNATURE Neval Marshall	

A. J. Williams USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

ALL CHANGES IN FURTHER MUST BE CAUSALLY RELATED.

Dr 1-105
0250

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 *John W. Hallock*

Licensed Embalmer No. 4949
P. O. Address No. Kansas

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.