

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUN 6 1960

-60-019297

2746

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2746

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>33 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>918 E. 9th.</b>		Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>MISS ABBIE GAIL BOUR</b>				4. DATE OF DEATH Month Day Year <b>May 18 1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-7-1875</b>		9. AGE (last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office worker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Emery-Bird-Thayer</b>		11. BIRTHPLACE (City and state or country) <b>Lexington, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>John Bour</b>				13b. MOTHER'S MAIDEN NAME <b>Sophia Dressell</b>				14. NAME OF HUSBAND OR WIFE -----					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT Address <b>Miss Rose Bour-- 918 E. 9th. St.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial-pneumonia</b>										INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>										<b>yes</b>			
DUE TO (c) <b>Senility; Fracture, rt hip</b>										<b>1 WK</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Large bowel obstruction, due to adhesions</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. 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.		Month, Day, Year											
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 <b>May 9, 1960</b> to <b>May 18, 1960</b> and last saw her <sup>her</sup> alive on <b>May 18, 1960</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Howard E. Linville M.D.</b>						22b. ADDRESS <b>1103 Grand Ave, Kansas City, Mo</b>			22c. DATE SIGNED <b>5-20-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-20-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Macpelah Cemetery</b>		23d. LOCATION (City, town, or county) <b>Lexington, Missouri</b>		(State)					
24. FUNERAL DIRECTOR ADDRESS <b>Melody-McGilley-Eylar Funeral Home 1800 E. Linwood Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>5-20-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Trinchall</b>							

DOCUMENT

HOWARD E. LINVILLE MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Howard  
Progressive  
H.A. 1

after 2 P.M.

2081-C.A.

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arthur Eugene Clark

Licensed Embalmer No. 4912

P. O. Address KC Mo

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