

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048659

OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 6683

FILED VS JAN 30 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>unknown</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>3 hrs.</u>		c. CITY OR TOWN <u>Axtel</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>INFANT KENNETH</u> Middle <u>JOHN</u> Last <u>BOWHAY</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>11</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-14-60</u>	9. AGE (last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	IF UNDER 24 HR Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John V. Bowhay</u>			13b. MOTHER'S MAIDEN NAME <u>WEMPE</u>			14. NAME OF HUSBAND OR WIFE <u>John V. Bowhay-- Axtel, Kansas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>John V. Bowhay-- Axtel, Kansas</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity -</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>None -</u>			
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 <u>11-14-60</u> to <u>11-14-60</u> and last saw <u>him</u> alive on <u>11-14-60</u> Death occurred at <u>3:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James W. Bowney, M.D.</u>				22b. ADDRESS <u>425 E 63rd - K.C. Mo</u>		22c. DATE SIGNED <u>12/26/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-16-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Seneca, Kansas</u>	
24. FUNERAL DIRECTOR <u>Melody McGilley-Eylar--1800 E. Linwood</u>				25. DATE RECD. BY LOCAL REG. <u>1-17-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JAMES W. BOWNEY

R.M. Jan
4-25

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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 Floyd F. Dickson

Licensed Embalmer No. 5120

P. O. Address K. C., 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.