

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030853

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4001

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 20 1962	
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> 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>19 years</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCarty Nursing Home                  3621 Warwick Blvd.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS (If outside, give location) <b>201 W. 66th Terrace</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>KENNETH PAXTON BOWEN</b>	4. DATE OF DEATH Month Day Year <b>August 2 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/8/01</b>
9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Public Accountant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Johnson Fleet Co.</b>
11. BIRTHPLACE (City and state or country) <b>Kansas City, Kan.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
13a. FATHER'S NAME <b>E M Bowen</b>	13b. MOTHER'S MAIDEN NAME <b>Susie Mae Smith</b>
14. NAME OF HUSBAND OR WIFE <b>Louise Bowen</b>	Address <b>201 W. 66th</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	17. INFORMANT <b>Mrs. Loucile Bowen</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>Cerebral Encephalomalacia</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>	
DUE TO (c) <b>Generalized arteriosclerosis</b>	
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.)	
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 <u>1-1-50</u> to <u>8-2-62</u> and last saw her/him alive on <u>8-2-62</u> Death occurred at <u>7:25 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Arnold V. Arms</b>	22b. ADDRESS <b>4320 Wornall K.C., Mo 64112</b>
22c. DATE SIGNED <b>Mo 8-3-62</b>	23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>
23b. DATE <b>Aug. 4, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah Cemetery</b>
23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, Kansas City, Mo</b>
25. DATE RECD. BY LOCAL REG. <b>8-4-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ARNOLD V. ARMS

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300	1
Rev. 4/59	2 <u>3869</u>
	3
	4 <u>0</u>
	5 <u>1</u>
	6
	7 <u>1</u>
	8 <u>1</u>
	9 <u>332X</u>
	10
	11
	12 <u>X - 0</u>
	13

Mr. Russell V. Amel  
4320 Thornwell Road  
Friday 1 P.M. 2008

**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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indy, 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.