

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No.
5622

FILED JAN 27 1953		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5622	
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, write RURAL and give town) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) township) 44 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3118	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vineyard Park Hospital				d. STREET ADDRESS (If rural, give location) 1326 CHERRY 3110			
3. NAME OF DECEASED (Type or Print) EARNEST		b. (Middle) CHARLES		c. (Last) OWENS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 22 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Nov. 9-1886		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME OWENS		14. NAME OF HUSBAND OR WIFE ETHEL OWENS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE 496-01-6424		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS NATHAN Mrs. Phillips 10820 E. ADDRESS K.C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>asthma</u> DUE TO (c) <u>myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH 1 week undetermined undetermined	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-17-1952, to 12-22-1952, that I last saw the deceased alive on 12-22-1952 and that death occurred at 12:20 Am., from the causes and on the date stated above.							
23a. SIGNATURE D. M. Negro MD (Degree of title) D. M. Negro MD				23b. ADDRESS 1222 McJee St		23c. DATE SIGNED 12-22-52	
24a. MORTUARY CREMATION (REMOVAL) (Specify) Burial		24b. DATE 12-26-52	24c. NAME OF CEMETERY OR CREMATORY Camden Point		24d. LOCATION (City, town, or county) (State) Camden Pt. Mo.		
DATE REC'D BY LOCAL REG. 12-23-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster F. Home		ADDRESS KCMO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

Nov 2-3 88

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
Student Embalmer

Signed Joe B. Yoder
Licensed Embalmer No. 4173

P. O. Address H. C. 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 this body is not embalmed, fact should be so stated above.