No. 300
10.48

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

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10020

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1657

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 38 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3308 E 35th St

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Carr
c. (Last): Owens

4. DATE OF DEATH (Month) (Day) (Year): 3 23 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 7 - 1884
9. AGE (In years last birthday): 68 — 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): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Acme Paint Co. Retired
11. BIRTHPLACE (City and State or Foreign Country): Topeka - Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: David Owens
13b. MOTHER'S MAIDEN NAME: Addie Northrup
14. NAME OF HUSBAND OR WIFE: Effie Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Helen F. Dauel
ADDRESS: 3308 E 35th St 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) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: ___

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: ___

DUE TO (c) Rupture of Gastric Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1951, *to* March 23 1953, *that I last saw the deceased alive on* Mar 23, 1953, *and that death occurred at* 4:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE A. L. Antry (Degree or title) — **23b. ADDRESS**: 1 DOA-390 1/2 Indiana — **23c. DATE SIGNED**: 3/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: March 24 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cem.
24d. LOCATION (City, town, or county) (State): Topeka - Kansas

DATE REC'D BY LOCAL REG.: 3-24-53
REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR OR EMBALMER: D. W. Newcomer's Sons — **ADDRESS**: Kansas City - Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 Charles H Stickney

Licensed Embalmer No. 4560

P. O. Address KCMo

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.