

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14411

State File No. ....

1687

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 1687

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 YEAR</u>		• STREET ADDRESS (If rural, give location) <u>4405 ROANOKE PARKWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>GENERAL HOSPITAL No. 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PAMELA</u>	b. (Middle) <u>DAVISON</u>	c. (Last) <u>OWENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 25 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 10, 1946</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>EAST ORANGE, NEW JERSEY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOSEPH D. OWENS</u>	13b. MOTHER'S MAIDEN NAME <u>BLANCHE J. JAGEL</u>	14. NAME OF HUSBAND OR WIFE _____
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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'S SIGNATURE OR NAME <u>JOSEPH D. OWENS, 4405 ROANOKE, K.C.MO.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		<u>12 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Rubella</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		<u>4 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>0851</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from March 17, 1953, to March 25, 1953, that I last saw the deceased alive on Mar 25, 1953, and that death occurred at 1:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Tabris</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>495 Argyle Bldg, Kansas City, Mo</u>	23c. DATE SIGNED <u>Mar 25, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MARCH 26, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>BRONX NEW YORK</u>
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DATE REC'D BY LOCAL REG. <u>3-26-53</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Newcomer's Sons, Kansas City, Mo.</u>	<u>1330 Wash Creek</u>
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no Ph

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.....  
*John B. Lewis*

Licensed Embalmer No..... 4875

P. O. Address..... SC MD.

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.