

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32001**

FILED SEP 24 1953

4349

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4349</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL or TOWN) <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>-</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>709 Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL or TOWN) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>3118 709 Washington</u>			
3. NAME OF DECEASED a. (First) <u>Kate</u> b. (Middle) <u>-</u> c. (Last) <u>Jewell</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>2</u> (Year) <u>53</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>		8. DATE OF BIRTH Month <u>7</u> Day <u>10</u> Year <u>70</u>		9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>9</u> DAYS <u>-</u> HOURS <u>-</u> MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>-</u>		12. CITIZEN OF WHAT COUNTRY? <u>-</u>	
13a. FATHER'S NAME <u>-</u>		13b. MOTHER'S MAIDEN NAME <u>-</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Pratt</u> ADDRESS <u>709 Washington</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1955</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no relatives</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)				23b. ADDRESS <u>1035 Pictor Bldg</u>		23c. DATE SIGNED <u>9-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>9-4-53</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Mt Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-4-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		FUNDRAISER'S SIGNATURE <u>Boyd B. Leggett</u>		ADDRESS <u>K.C. Mo</u>	

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

(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 *Deter B. Ferguson*

Licensed Embalmer No. *4273*

P. O. Address *K.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.