

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35770

State File No. 5008

FILED NOV 2-1953

BIRTH NO. 2344A REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 3 hrs. 50 min.
c. CITY OR TOWN Buckner d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital e. STREET ADDRESS (If rural, give location) Box 51 9001

3. NAME OF DECEASED a. (First) Steven b. (Middle) Owen c. (Last) Becker 4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH April 1 1953 9. AGE (In years last birthday) (If under 1 year) (If under 24 hrs.) 6 18 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT 10b. KIND OF BUSINESS OR INDUSTRY AT home 11. BIRTHPLACE (City and State or Foreign Country) Smithton Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Becker 13b. MOTHER'S MAIDEN NAME Emily Frances O'Neill 14. NAME OF HUSBAND OR WIFE None

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 ADDRESS Emily F. O'Neill, Box 51, Buckner Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intussusception Distal Ileum
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5700

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural 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) 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 19__ to 19__, that I last saw the deceased alive on 19__, and that death occurred at 1:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens, M.D. 23b. ADDRESS 1034 Riv. St. Bldg. 23c. DATE SIGNED 10-19-53

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE 10-20-53 24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery 24d. LOCATION (City, town, or county) (State) Buckner, Mo

DATE REC'D BY LOCAL REG. 10-20-53 REGISTRAR'S SIGNATURE Geraldine Smith FUNERAL DIRECTOR'S SIGNATURE Reppert Mortuary ADDRESS Buckner, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 R. Sedman*

Licensed Embalmer No. *453*

P. O. Address *Kansas*

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.