

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27059

State File No. 3861

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ 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 CLAY

b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY Mo.  
c. LENGTH OF STAY (If in place) Life

c. CITY OR TOWN KANSAS CITY, Mo.  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL Hospital

STREET ADDRESS (If rural, give location) 3724 E. 35th St No. 109

3. NAME OF DECEASED  
a. (First) Howard b. (Middle) T. c. (Last) BLACK

4. DATE OF DEATH (Month) (Day) (Year) Aug 8 54

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH MAR 22 1937

9. AGE (In years last birthday) 17  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS. Hours \_\_\_\_\_ Mins \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee Standard Service Avondale Mo.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) WINNWOOD, MO.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Stanton Black

13b. MOTHER'S MAIDEN NAME Josie L Anderson

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 497-38-8436

17. INFORMANT'S SIGNATURE OR NAME ADDRESS of Home of Father Stanton Black

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) Fractured Skull  
Fractured Neck  
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.

INTERVAL BETWEEN ONSET AND DEATH  
E 8144  
31

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Heart Ruptured

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) KANSAS CITY JACKSON MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 8 54 8:00

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? stuck curb of bridge with motorcycle

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 (Degree or title) Hugh H. Owens, M.D.

23b. ADDRESS 1034 Prairie Blvd

23c. DATE SIGNED 8-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Aug 9 - 54

24c. NAME OF CEMETERY OR CREMATORY Mt. Washington

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 8-9-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer 832 Renner Road N.W. Mo.

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD Hugh H. Owens.

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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 Walsbeck*

Licensed Embalmer No. *494*

P. O. Address *No. 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.