0.300
0.48

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30709

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 4130

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): 33 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3911 FOREST AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 64 3911 FOREST AVENUE 3648

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): ALBERT
c. (Last): McKOWEN

4. DATE OF DEATH (Month) (Day) (Year): AUG-28-1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 5, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 8, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED Freight Agent
10b. KIND OF BUSINESS OR INDUSTRY: WABASH R.R.
11. BIRTHPLACE (City and State or Foreign Country): WEST DALLAS, WISCONSIN
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: WILLIAM McKOWEN
13b. MOTHER'S MAIDEN NAME: HELEN TENNANT
14. NAME OF ~~HUSBAND OR~~ WIFE: ROSE McKOWEN
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: MRS ROSE McKOWEN — ADDRESS: KANSAS CITY MO. 3911 FOREST

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma prostate gland — 2 years

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* April, 1954, *to* Aug. 28, 1954, *that I last saw the deceased alive on* Aug. 27, 1954, *and that death occurred at* 4:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. Reid Jones M.D.
23b. ADDRESS: 1107 Bryant Bldg
23c. DATE SIGNED: 8.28.54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG-30-1954
24c. NAME OF CEMETERY ~~OR CREMATORY~~: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 8-28-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D.H. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

T. Reid Jones MD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clare V. Carr Jr.

Licensed Embalmer No. 493

P. O. Address K. C. I.D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.