No. 300
10.48

FILED DEC 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41390

State File No. 227

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 5572 Registrar's No. _____

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): 1 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7510 Lees Summit Road Cedar Croft Nursing Home

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 [X] No [ ]
STREET ADDRESS (If rural, give location): 3725 Benton Blvd. 3568

3. NAME OF DECEASED (Type or Print)
a. (First): ZELLA
b. (Middle): IRENE
c. (Last): OWELLS

4. DATE OF DEATH (Month) (Day) (Year): December 10, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March-11-1868
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Seamstress
11. BIRTHPLACE (City and State or Foreign Country): Elkhorn, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Herman F. Owells
13b. MOTHER'S MAIDEN NAME: Sarah Handy
14. NAME OF HUSBAND OR WIFE: —

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. Cora Ellen Morrow — ADDRESS: 3725 Benton Blvd Kansas City, Mo.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

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. No hydration (mild)

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none 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* 11-23, 1954, *to* 12-10, 1954, *that I last saw the deceased alive on* 12-9, 1954, *and that death occurred at* 2:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William F. Bell M.D.
23b. ADDRESS: 8 Cart 3rd Lee's Summit Mo.
23c. DATE SIGNED: 12-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec-12-1954
24c. NAME OF CEMETERY OR ~~CREMATORY~~: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Carrollton Missouri

DATE REC'D BY LOCAL REG.: DEC 22 1954
REGISTRAR'S SIGNATURE: Clyde A. Bridger
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomb's Sons — ADDRESS: 1331 Brush Creek Kansas City, Missouri

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Pollie Kessel

Licensed Embalmer No. 469

P. O. Address K.C. Mo

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