

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1524

State File No.

No. 300
10-48

FILED FEB 9 1956

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give town) Independence	c. LENGTH OF STAY (in this place) One Week	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> AM 10
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 1/2 East Lexington		e. STREET ADDRESS (If rural, give location) 3944 North 62nd. Street 815 8	

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Wayne c. (Last) McDowell			4. DATE OF DEATH (Month) (Day) (Year) January 28, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 11, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (City and State or Foreign Country) Kirwin, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fred Charles McDowell	13b. MOTHER'S MAIDEN NAME Hattie Fager	14. NAME OF HUSBAND OR WIFE -----		
---	---	---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes.	16. SOCIAL SECURITY NO. No. 2	17. INFORMANT'S SIGNATURE OR NAME Guy McDowell, Kirwin, Kansas			ADDRESS
---	--------------------------------------	---	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) VIROS PNEUMONIA	DUE TO (b) Influenza			3 DAYS
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (c) Acute Alcoholism			10 DAYS
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	Exposuer			21 DAYS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4.8 OX			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--	--	---

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)	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 Jan. 25, 1956, to Jan. 28, 1956, that I last saw the deceased alive on Jan. 28, 1956, and that death occurred at 12:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alvin F. Lewis, D.O.	23b. ADDRESS Independence, Mo. 220 1/2 West Lexington,	23c. DATE SIGNED 1/29/1956
--	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 30-1956	24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery	24d. LOCATION (City, town, or county) (State) Kirwin, Kansas
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 1-30-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons, Kansas City, Kansas	ADDRESS
---	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

2a-1-6644

Case
Wmmer Act of 1916
26 1-1900
Wmmer, Mary

FEB 10 1956

FEB 21 1956

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.....
Low Bell

Licensed Embalmer No... 3426 M

P. O. Address Kansas City 2

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.