

FILED FEB 17 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5039

State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>428</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3017 Baltimore</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLET</u> b. (Middle) <u>A.</u> c. (Last) <u>OWENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1956</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 5, 1891</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ontario, Canada</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John B. Owens Dec</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>511-05-9433</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Douglas Owens, Sewickly, Pa.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac disease</u>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>						
	DUE TO (c) <u>Diabetes mellitus</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>obesity</u>					443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 <u>12-28, 1948</u> , to <u>Jan 26, 1956</u> , that I last saw the deceased alive on <u>Jan 25, 1956</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John R. Whiteman MD</u>				23b. ADDRESS <u>6317 Brookside Plaza</u>		23c. DATE SIGNED <u>1-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-30-56</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. K.C.MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John R. Whiteman

Dr. John R. Whiteman
6314 Brookside Plaza
Hi 4-6607

Exp 3:00 PM

After Noon (12)

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 Elmo A. Trickett.....

Licensed Embalmer No. 4817

P. O. Address Kansas City, Mo.

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.