

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38279**

FILED NOV 28 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4835**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Kansas City</b>	a. STATE <b>Kansas</b>	b. COUNTY <b>Wyandotte</b>
c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is 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 <b>St. Luke's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3209 W. 42nd st. 8158</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>OWEN</b>	b. (Middle) <b>A.</b>	c. (Last) <b>TRUE</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Nov. 7, 1956</b>
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<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>9-7-1871</b>	<b>9. AGE</b> (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Elevator Operator</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Dept. Store</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Albion, Indiana</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Wm. Henry True</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mariah Unk.</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Ida V. True</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unk</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Ida V. True</b>	<b>ADDRESS</b> <b>Kansas City, Kas.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>48 hrs</b>  <b>20 years?</b>  <b>4301</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Coronary Occlusion</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Coronary atherosclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Sept 21, 1956, to Nov 7, 1956, that I last saw the deceased alive on Nov 7, 1956, and that death occurred at 2 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Raymond W O'Brien MD</b> (Degree or title)	<b>23b. ADDRESS</b> <b>4620 J.C. Nichols Pliny Kan City, Mo</b>	<b>23c. DATE SIGNED</b> <b>11-8-56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>11-10-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>GreenLawn Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Kansas City, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>11-9-56</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Neena Minshall</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Edmund Shawman</b>	<b>ADDRESS</b> <b>Kansas</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Raymond W. O'Brien

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 Engene P. Amos....., Student Embalmer No. 534..... working under my personal supervision..

Student Engene P. Amos.....  
Signature of Student Embalmer

Signed E. P. Amos.....

Licensed Embalmer No. 4385

P. O. Address Shawnee, 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.