

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4667

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 845

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission)			
a. COUNTY <u>JACKSON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>3956</u> <u>95 KANSAS City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MARYS Hospital</u>		Length of stay in 1b <u>14 YEARS</u>		d. STREET ADDRESS (If outside, give location) <u>8017 FOREST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First <u>PATRICIA</u>		Middle <u>JUNE</u>		Last <u>DOWELL</u>		Month <u>Feb</u> Day <u>19</u> Year <u>1957</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<u>JUNE 10, 1933</u>		<u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY JR COLLEGE</u>		11. BIRTHPLACE (City and state or country) <u>LEAD HILL, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HORACE DOWELL</u>				14. MOTHER'S MAIDEN NAME <u>CHLOE JUSTUS</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>NONE</u>		17. INFORMANT Address <u>JOHN JOURNAGAN, 8017 Forest, K.C. Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple fractures & internal abdominal injuries with hemorrhage;</u> DUE TO (b) <u>Crushing injury;</u> DUE TO (c) <u>Entrapment in elevator shaft.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <u>29 1/2 hrs</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Entrapment in elevator shaft.</u>					
20c. TIME OF INJURY Hour <u>12:35</u> a. m. <u>p. m.</u> Month <u>2</u> Day <u>19</u> Year <u>57</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Jun. College 39th & McGee, Kansas City, Jackson, Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>123</u>		STATE <u>MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:30 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Hugh H. Owens</u>				22b. ADDRESS <u>1034 Rialto Bldg.,</u>		22c. DATE SIGNED <u>2-20-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB 23, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS City MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCAMERS SONS</u>				25. DATE RECD. BY LOCAL REG. <u>2-22-57</u>		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	

Use only standard nomenclature from the International Classification of Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Raymond M Hardy*
Licensed Embalmer No. 449

P. O. Address *Inde...*

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