

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

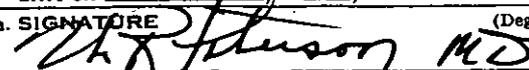
4903

State File No.

FILED MAR 4 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 691

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 15 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION General #2		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 <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 438 2751 Charlotte	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Oscar c. (Last) Owens		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 7, 1888		9. AGE (In years last birthday) 69 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) custodian,		10b. KIND OF BUSINESS OR INDUSTRY Apartment Bldg.	
11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John OWENS		13b. MOTHER'S MAIDEN NAME Pearlie Davis	
14. NAME OF HUSBAND OR WIFE Emma Owens		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 497-28-9423		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Owens, wife 2751 Charlotte	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelonephritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6000	
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) 2	
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>1-31-57</u>, 19<u>57</u>, to <u>2-11-57</u>, 19<u>57</u>, that I last saw the deceased alive on <u>2-11-57</u>, 19<u>57</u>, and that death occurred at <u>8:40 Am.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) 		23b. ADDRESS 600 East 22nd Street	
23c. DATE SIGNED 2-11-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 14, 1957		24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	
24d. LOCATION (City, town, or county) (State) Holden, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. A. Brauninger Warrensburg, Mo.	
DATE REC'D BY LOCAL REG. 2-12-57		REGISTRAR'S SIGNATURE 	

