

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5589 Registrar's No. 52

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKING | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN COLUMBUS |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12208 E 53 | | Length of stay in lb 5 Weeks | d. STREET ADDRESS (If outside, give location) 12 Mi. East |
| | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) FLORA OWEN | | | 4. DATE OF DEATH Feb. 10, 1957 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 9, 1894 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 11 Days 7 Hours 1 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | 11. BIRTHPLACE (City and state or country) Indiana. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|--|---|
| 13. FATHER'S NAME Henry Faulk | | 14. MOTHER'S MAIDEN NAME Sarah Jackson | |
| 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. 513-16-2199 | 17. INFORMANT Mrs. Fleeta Frobish, 12208 E 53 |

| | | | | |
|---|--|--|---|----------------|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 1 hour | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Diabetes Mellitus | | | 6 years |
| | DUE TO (c) Arteriosclerosis coronary arteries | | | 5 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 0 260X | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|---|--|------------------------------|--------------|
| 20a. ACCIDENT <input 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.) | | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |

21. I attended the deceased from **21 Jan 57** to **10 Feb 57** and last saw her ^{him} alive on **8 Feb 57**
Death occurred at **5 AM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Jack M Davis M.D.

22b. ADDRESS
Raytown Mo

22c. DATE SIGNED
11 Feb 57

| | | | |
|---|-----------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Feb. 10, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Columbus | 23d. LOCATION (City, town, or county) (State) Columbus, Kansas |
| 24. FUNERAL DIRECTOR Clark Fegan, Raytown Mo | | 25. DATE RECD. BY LOCAL REG. 2-10-57 | 26. REGISTRAR'S SIGNATURE James Craig |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard non-removable ink when recording symptoms, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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FEB 21 1957

MAY 17 1957

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 *Clark Regent*

Licensed Embalmer No. 392

P. O. Address *Raytown*

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