

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16996

STATE FILE NUMBER

2334

FILED JUN 5 1957

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

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Hugh H. Owens

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STS. ADM. HOSPITAL		Length of stay in 1b. 14 YEARS	d. STREET ADDRESS 547 PARK (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last HARRY D. CONFER			4. DATE OF DEATH Month Day Year MAY 18 1957
5. SEX Male	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 April 15, 1893 9. AGE (In years to day) 64 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) White Cloud, Kansas 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME David Confer		14. MOTHER'S MAIDEN NAME Anna Barber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 509-09-4158 17. INFORMANT Address Official VA Hospital Records, K. C. Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute passive congestion of lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized peritonitis DUE TO (c) Perforated peptic ulcer of duodenum 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 54 1/2
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. attended the deceased from May 17, 1957 to May 18, 1957 Death occurred at 11:55 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner		22b. ADDRESS 1034 Park St. Bldg	22c. DATE SIGNED 5-20-57
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-21-1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem	23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo
24. FUNERAL DIRECTOR PASSANTINO Bros KCMO		25. DATE RECD. BY LOCAL REG. 5-21-57	26. REGISTRAR'S SIGNATURE New Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP
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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 *Leonard Pasantino*.....

Licensed Embalmer No. *455*

P. O. Address *Ke m*

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.