

THE DIVISION OF HEALTH AND WELFARE
STANDARD CERTIFICATE OF DEATH

17172

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2264

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 MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2815 FOREST		d. STREET ADDRESS 2815 FOREST	
3. NAME OF DECEASED (Type or print) First MIDDLE Last NELLIE HANNA KNODERA		4. DATE OF DEATH Month Day Year 5-15-1957	
5. SEX Fe	6. COLOR OR RACE WH.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 27, 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		9. AGE (In years last birthday) 76	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) JACKSON, MISS	
13. FATHER'S NAME UNK		12. CITIZEN OF WHAT COUNTRY? USA	
14. MOTHER'S MAIDEN NAME UNK		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. 440-16-5252		17. INFORMANT Address JACKSON COUNTY WELFARE COM	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) No Relatives			INTERVAL BETWEEN ONSET AND DEATH 7955
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.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 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 South Blvd	22c. DATE SIGNED 5-16-57
23a. BURIAL CREMATION, etc. (Specify) CREMATION	23b. DATE 5-18-57	23c. NAME OF CEMETERY OR CREMATORY Mt. CALVARY CEM	23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS.
24. FUNERAL DIRECTOR ADDRESS P. ASSANTINO Bros KCMO		25. DATE RECD. BY LOCAL REG. 5-16-57	26. REGISTRAR'S SIGNATURE Hugh H. Owens

(Licensed Embalmer's Statement on Reverse Side)

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 *Ronald Passantino*.....

Licensed Embalmer No. *455*

P. O. Address *KC Mo*

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.