

Health,
Public
Service

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All diseases in Part I must be causally related.

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG-1 - 1957

24766
STATE FILE NUMBER 3269

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 3269

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		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in lb 2 Yrs.	
d. STREET ADDRESS 580 3116 Chelsea		(If outside, give location) Chelsea	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) EULA PAYNE		4. DATE OF DEATH Month 7 Day 13 Year 57	
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 3-5-1903
9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR Months 12 Days 15 Hours 45 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady, Macy's Dept. Store		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Humphreys, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert H. Smith		13b. MOTHER'S MAIDEN NAME Cora May Dunlap	
14. NAME OF HUSBAND OR WIFE John Payne			
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. 491-28-1712	
17. INFORMANT John Payne		Address Kansas City, 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) Fractured skull lacerated Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Erving DUE TO (c) _____ 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 8900h 45	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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.) Fell down stairs in macy's store	
20c. TIME OF INJURY Hour 5:45 Month 7 Day 6 Year 57		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.) Macy's store		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens (Degree or title) 3		22b. ADDRESS 1034 Pratts Bldg	
22c. DATE SIGNED 7-13-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-13-57	
23c. NAME OF CEMETERY OR CREMATORY Milan, Missouri		23d. LOCATION (City, town, or county) (State) Milan, Missouri	
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS K. C. Mo.	
25. DATE RECD. BY LOCAL REG. 7-13-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

AUG 1 1957

MAY 31 1958

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 *J. Freeman*

Licensed Embalmer No. 2939

P. O. Address F. O. W. P.

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.