

pt. Health,  
... & Welfare  
S. Public  
Health Service

V. S. 300  
ev. 1-57

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.

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

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

47361  
STATE FILE NUMBER  
6275  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3109 E 9th St</b>		Length of stay in lb <b>4 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3109 E 9th St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FRED</b> Middle <b>ARTHUR</b> Last <b>ROTH</b>			4. DATE OF DEATH Month <b>December</b> Day <b>31</b> Year <b>1957</b>		
5. SEX <b>D</b> <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Sept 12 1907</b>	9. AGE (In years last birthday) <b>50</b>	10. F UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ave. Auto Service</b>	11. BIRTHPLACE (City and state or country) <b>Hickory Co Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Christian Henry Roth</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Rosetta Rathbun</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>		16. SOCIAL SECURITY NO. <b>431-32-3621</b>		17. INFORMANT Address <b>Mrs Meyer Glank 3117 E 52nd St, K C Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Guns shot Wound Chest</b>					INTERVAL BETWEEN ONSET AND DEATH <b>9 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>Apparently self inflicted</b>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>12-31-57</b> p.m.					
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.) <b>Residence</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Kansas City Jackson Mo</b>	
21. I attended the deceased from _____ to _____ and last saw 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) <b>Hugh H Owens coroner</b>			22b. ADDRESS <b>1034 Oak Ridge Bldg</b>		22c. DATE SIGNED <b>1-3-58</b>
23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/3/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Memorial Gardens</b>		23d. LOCATION (City, town, or county) (State) <b>Independence Missouri</b>
24. FUNERAL DIRECTOR <b>Sheil Funeral Home Kansas City Mo</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>1-3-58</b>	26. REGISTRAR'S SIGNATURE <b>neva Marshall</b>



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 *Thomas C. Phil* .....

Licensed Embalmer No. *4954*  
P. O. Address *V. P. 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.