

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014335  
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1973

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) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5036 EAST 8TH</b>		Length of stay in lb <b>38 YRS.</b>		d. STREET ADDRESS (If outside, give location) <b>5036 EAST 8TH ST.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ELAINE NORA MICHAELS</b>			4. DATE OF DEATH Month Day Year <b>APRIL 16, 1958</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov-10-1919</b>		9. AGE (In years last birthday) <b>38</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INVALID</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>*****</b>	11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>DAVID H. MICHAELS</b>		13b. MOTHER'S MAIDEN NAME <b>HELEN PLOTNER</b>		14. NAME OF HUSBAND OR WIFE <b>*****</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO *****</b>		16. SOCIAL SECURITY NO. <b>*****</b>	17. INFORMANT Address <b>MRS. DAVID H. MICHAELS 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>Intestinal Obstruction</b> DUE TO (b) <b>Stenology undetermined</b> DUE TO (c) <b>Invalid from death</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Invalid from death</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5705</b>
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 <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) <b>Hugh H. Owens</b>			22b. ADDRESS <b>1034 Beattie Blvd</b>		22c. DATE SIGNED <b>4-17-58</b>
23b. BURIAL CREMATION, REPT. (Specify) <b>BURIAL</b>	23c. DATE <b>4-18-58</b>	23d. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		23e. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>C. J. Blackman &amp; Son Inc.</b>		25. DATE RECD. BY LOCAL REG. <b>4-17-58</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	

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

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 *W.C. Bivine* .....

Licensed Embalmer No. *4879* .....

P. O. Address *N.C. Mo.* .....

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.