

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025719  
STATE FILE NUMBER  
3169

FILED JUL 17 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3169

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>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		d. STREET ADDRESS (If outside, give location) <b>2608 Belleview</b>	
3. NAME OF DECEASED (Type or print) First <b>Benjamin</b> Middle <b>Owens</b> Last <b>Owens</b>		4. DATE OF DEATH Month <b>6</b> Day <b>22</b> Year <b>1958</b>	
5. SEX <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>6-6-1890</b>
9a. AGE (In years last birthday) <b>68</b>		9b. F UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	
9c. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Blind Ass. 1846 Bidway</b>		11. BIRTHPLACE (City and state or country) <b>Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-16-8417</b>	
17. INFORMANT <b>Jackson County Welfare</b>		Address	
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>Carcinoma of esophagus</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>150x</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>May 24, 1958</b> to <b>June 22, 1958</b> and last saw him alive on <b>June 22, 1958</b> Death occurred at <b>4:15 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>B. A. Burns, M.D.</b> (Degree or title)	
22b. ADDRESS <b>24th &amp; Cherry</b>		22c. DATE SIGNED <b>6-23-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Anatomical</b>		23b. DATE <b>6-26-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Western Dental College</b>		23d. LOCATION (City, town, or county) (State) <b>K.C. Mo</b>	
24. FUNERAL DIRECTOR <b>Lt. Weiler</b>		ADDRESS <b>K.C. Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>6-27-58</b>		26. REGISTRAR'S SIGNATURE <b>Neve Minshall</b>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. BURTS



**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 ..... *B E Willett* .....

Licensed Embalmer No. *4075* .....

P. O. Address ..... *2 C 8 740* .....

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.