I DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029251

FILED VS AUG 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3829 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 35 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2705 Bell — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: James — Middle: — Last: Owens
4. DATE OF DEATH: Month 8 — Day 4 — Year 59
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-25-1894
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Wilson Packing Co.
11. BIRTHPLACE (City and state or country): Garrison, Texas
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William Owens
13b. MOTHER'S MAIDEN NAME: Betsie Lockett
14. NAME OF HUSBAND OR WIFE: Clara Owens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 510-05-8778
17. INFORMANT: Inez Smith — Address: 2705½ Bell st. K.C.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): Possible Carcinoma of the Stomach
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-30-59 to 8-4-59 and last saw him alive on 8-4-59
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Abraham Gelperin M.D.
22b. ADDRESS: 2400 Cherry
22c. DATE SIGNED: 8-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/8/1959
23c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Mrs. J. W. Jones — ADDRESS: 440 state ave. K.C.Kans
25. DATE RECD. BY LOCAL REG.: 8-7-59
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — MEDICAL CERTIFICATION — DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Eugene Englis

Signature of Student Embalmer

Licensed Embalmer No. 410

P. O. Address 440 St

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.