

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

60-030487

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4199 STATE FILE NUMBER

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		Length of stay in 1b 7 MONTHS	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7105 Flora Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last **Jennifer Susan Clouse**

4. DATE OF DEATH Month Day Year **Aug. 14, 1960**

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN. 14, 1960	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
					Months 7	Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME **James E. Clouse** 13b. MOTHER'S MAIDEN NAME **Louis Christine Hoff** 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) **No**

16. SOCIAL SECURITY NO. **None** 17. INFORMANT **James E. Clouse** **7105 Flora Avenue Kansas City, Missouri**

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 fractured Brain**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Brain**

DUE TO (c)

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 N- 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.)
One Car struck a tree

20c. TIME OF INJURY Hour Month, Day, Year
8-14-60

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.) **Street**

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Kansas City Jackson mo

21. I attended the deceased from **9:40 A.** to **9:40 A.** and last saw him alive on **8-14-60**

Death occurred at **9:40 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Hugh H. Owens** 22b. ADDRESS **152 N. Main Station** 22c. DATE SIGNED **8-15-60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **AUGUST 17, 1960** 23c. NAME OF CEMETERY OR CREMATORY **FOREST HILL CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR **D.W. Newcomers Sons** ADDRESS **1331 Brush Creek Blvd. Kansas City, Mo.** 25. DATE RECD. BY LOCAL REG. **8-16-60** 26. REGISTRAR'S SIGNATURE **H-L- Dwyer**

DOCUMENT
MEDICAL CERTIFICATION
Hugh H. Owens
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 49

P. O. Address K P W

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.