

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 14 1960

60-034951

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4922 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 20 yrs.		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 1115 E. Armour			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1115 E. Armour		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Catherine Elizabeth Owen				4. DATE OF DEATH Month Day Year Sept. 29th 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH Oct. 5, 1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Ladies Ready to wear		11. BIRTHPLACE (City and state or country) Lee's Summit, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Eugene M. Owen			13b. MOTHER'S MAIDEN NAME Sarah M. Kehow			14. NAME OF HUSBAND OR WIFE Divorced		
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. 492-18-2912		17. INFORMANT Address Mary J. Reinert, Belton, 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) Hemorrhage from lung, right Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchogenic Carcinoma lung right. DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 5 min. 3 months		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 e.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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 June 3, 1960 to Sept. 29, 1960 and last saw her Sept. 28, 1960 alive on Sept. 28, 1960 . Death occurred at Sept. 29, 1960 - 7:50p on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Sam D. Hoepfer, M.D.				22b. ADDRESS 6232 Troost Ave. Kansas City 10, Missouri			22c. DATE SIGNED 9/30/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 1, 1960	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		23d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri			
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit, Missouri				25. DATE RECD. BY LOCAL REG. 9-30-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer		

DOCUMENT

MEDICAL CERTIFICATION

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 D. B. Langford

Licensed Embalmer No. 496

P. O. Address Lee's Summit

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.