ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013917

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1908 STATE FILE NUMBER

FILED MAY 8 1961

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: 10 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Leawood
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2300 W. 96th
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Morris Middle: C. Last: Owings
4. DATE OF DEATH Month: 4 Day: 17 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-30-1891
9. AGE (last birthday): 69
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): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Insurance Co.
11. BIRTHPLACE (City and state or country): Darlington, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Oliver Owings
13b. MOTHER'S MAIDEN NAME: Whilimina Jacobe
14. NAME OF HUSBAND OR WIFE: Margaret C. Owings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret C. Owings Address: 2300 W. 69th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock-blood loss at surgery — INTERVAL BETWEEN ONSET AND DEATH: 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) BRAIN TUMOR, malignant — 1 month
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 [ ] 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 1958 — to 4.17.61 and last saw her/him alive on 4.17.61
Death occurred at 10:30 AM approx. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren F. Wilhelm (Degree or title) M.D.
22b. ADDRESS Kansas City Mo
22c. DATE SIGNED 4/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-19-1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar ADDRESS: 20 W. Linwood K.C.11, Mo.
25. DATE RECD. BY LOCAL REG.: 4-18-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Warren F. Wilhelm

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | DOCUMENT

Dr. Warren
Prof. Bl
Ba 1-515
Till 4:30

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 Wm. H. Lentz

Licensed Embalmer No. 5038

P. O. Address K.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.