MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

0011036

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1439 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

MRFILED 31 65

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: 43 yrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bapt. Mem. Hosp. — 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) 2027 Van Brunt — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Lena Middle: C. Last: McDowell

4. DATE OF DEATH Month: Mar. Day: 10 Year: 1965

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3-23-99

9. AGE (last birthday): 65

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Tilden, Neb.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Irving Olin

13b. MOTHER'S MAIDEN NAME: Emma K. Thornton

14. NAME OF HUSBAND OR WIFE: David R. McDowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

17. INFORMANT: Betty Haddix Address: 5304 No. Euclid K.C., Mo. 64118

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Heart Failure - Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

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): Parkinsons Disease and Uremia

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 Feb 11, 1965 to March 8, 1965 and last saw her/him alive on March 8, 1965

Death occurred at March 9th 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James F. O'Malley (Degree or title) M.D.

22b. ADDRESS 4706 Broadway

22c. DATE SIGNED 3/12/65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar 13-1965

23c. NAME OF CEMETERY ~~OR CREMATORY~~: White Chapel

23d. LOCATION (City, town, or county) (State): Gladstone, Mo.

24. FUNERAL DIRECTOR: D.W. Newcomer's Sons ADDRESS: North Kan. City

25. DATE RECD. BY LOCAL REG.: 3-12-65

26. REGISTRAR'S SIGNATURE: Blessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3-28	2	
3			
4	1		
5	2		
6			
7	1		
8	12		
9	42 00		
10			
11			
12	50-0		
13			

BY AFFIDAVIT OF DOCUMENT

James F. O'Malley M.D.

DR. ROBERT OWENS
4706 BROADWAY
2 PM

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 John V. Henrichs Jr.

Licensed Embalmer No. 4848

P. O. Address K.C. 17, 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.