

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16686**
2182

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SHELBY</u> <u>11/20</u>	
b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>1 MONTH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>M.</u> c. (Last) <u>Owen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Mar 9 1875</u>
9. AGE (in years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ROBERT L. FARMER</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH M. REESE</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Owen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. NELL FARMER 1021 E. LINWOOD</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vomiting, myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomach & Vomiting, unable to determine cause</u> DUE TO (c) <u>To determine cause of death</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh A. Gestring</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>303 W. 11th St. Mo.</u>	
23c. DATE SIGNED <u>5-12-52</u>		23d. LOCATION (City, town, or county) (State) <u>CLARENCE MISSOURI</u>	
24a. BIRTHAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4 MAY 12 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>5-12-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>		ADDRESS <u>Kansas City Mo.</u>	

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
Student Embalmer

Signed *John R. Sidman*

Licensed Embalmer No. *4531*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.