

## STANDARD CERTIFICATE OF DEATH

State File No. **6191**

FILED MAR 13 1953

BIRTH NO.

REG. DIST. NO. **149**PRIMARY REG. DIST. NO. **1002**Registrar's No. **1144**

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Kansas City

c. LENGTH OF STAY (in this place township)

29 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION

726 Independence

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Kansas City

d. STREET ADDRESS (If rural, give location)

803 Pacific

303 1/2

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Chester Austin Owsley

b. (Middle)

c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

Feb. 14, 1953

## 5. SEX

Male

## 6. COLOR OR RACE

Colored

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

## 8. DATE OF BIRTH

Nov. 23, 1923

## 9. AGE (In years last birthday)

29

IF UNDER 1 YEAR Months Days Hours Mins.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and State or Foreign Country)

Kansas City, Missouri

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13a. FATHER'S NAME

Chester A. Owsley

## 13b. MOTHER'S MAIDEN NAME

Beulah Austin

## 14. NAME OF HUSBAND OR WIFE

None

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

Yes

WWII

## 16. SOCIAL SECURITY NO.

499-16-3595

## 17. INFORMANT'S SIGNATURE OR NAME

Beulah Payne

## ADDRESS

803 Pacific

## 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

## ANTECEDENT CAUSES

Morbidity conditions, which may rise to the above cause (a) stating the underlying cause last.

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Shock & Hemorrhage

2 wounds of face

nick arm & back

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

Homicide

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)

726 Independence

## 21c. (CITY, TOWN, OR TOWNSHIP)

Kansas City, Mo.

## (COUNTY)

Jackson

## (STATE)

Missouri

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

2/14/53

## 21e. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK

## 21f. HOW DID INJURY OCCUR?

Gunshot wounds

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 \_\_\_\_\_ m., from the causes and on the date stated above.

## 23a. SIGNATURE (Type or Print)

Thos. A. Jones

## 23b. ADDRESS

1612 E 12th

## 23c. DATE SIGNED

2/21/53

## 24a. BURIAL CREMATION REMOVAL (Specify)

Burial

## 24b. DATE

2/21/53

## 24c. NAME OF CEMETERY OR CREMATORY

Westlawn Cemetery

## 24d. LOCATION (City, town, or county)

Kansas City, Missouri

## DATE REC'D BY LOCAL REG.

2-24-53

## REGISTRAR'S SIGNATURE

Geraldine Smith

## 25. FUNERAL DIRECTOR'S SIGNATURE

Vethin Beas. 18th &amp; Leaton

## ADDRESS

18th &amp; Leaton

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 Bruce R. Robinson

Licensed Embalmer No. 4504

P. O. Address 18<sup>th</sup> & Benton

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.