

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42810
6078

State File No.

88661
FILED JAN 14 1954

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland Park	
c. LENGTH OF STAY (in this place) 6 Days		d. STREET ADDRESS (If rural, give location) 7812 Lowell	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Gregory b. (Middle) Austin c. (Last) Chowning			4. DATE OF DEATH Dec. 27, 1953 (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Dec. 21, 1953		9. AGE (In years last birthday) 6		IF UNDER 1 YEAR 6 Months	
IF UNDER 1 YEAR 6 Days		IF UNDER 24 HRS. 8 Hours		IF UNDER 1 MIN. 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Austin Chowning		13b. MOTHER'S MAIDEN NAME Etta Mae Mock		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Austin Chowning ADDRESS Overland Park, Kans.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Atresia.		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		DUE TO (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		7562	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Dec 21, 1953 to Dec 27, 1953, that I last saw the deceased alive on Dec 27, 1953, and that death occurred at 9A m., from the causes and on the date stated above.

23a. SIGNATURE Frank S. Hogue (Degree or title) D		23b. ADDRESS 315 Nichols Rd.		23c. DATE SIGNED 11-28-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Johnson Co. Memorial Gardens		24d. LOCATION (City, town, or county) (State) Overland Pk. Kans	
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DATE REC'D BY LOCAL REG. 11-28-53		REGISTRAR'S SIGNATURE Sheldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. Royce Hogue ADDRESS Overland Pk. Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

J. Royce Hoge

Licensed Embalmer No.

3579

P. O. Address

Overland Park, Kansas

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.