No. 300
10.48

FILED AUG 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26639

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 150

1000 4

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Kansas City~~ Rural - Prairie
c. LENGTH OF STAY (in this place): 47 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cedar Craft Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 4303 Monroe

36081

3. NAME OF DECEASED (Type or Print)
a. (First): LOLA
b. (Middle): ——
c. (Last): OWEN

4. DATE OF DEATH (Month) (Day) (Year): Aug 11 1955

5. SEX: Fe Male 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 19, 1884
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & waitress
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Paragould, Arkansas 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Greene Swindle
13b. MOTHER'S MAIDEN NAME: Eliza Jane Gray
14. NAME OF HUSBAND OR WIFE: Omar Owen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 490-24-4373
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruby Wells 4303 Monroe — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) 331X

II. 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: ——
20. AUTOPSY? YES [ ] NO [X]

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): Kansas City Jackson, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: ——

22. *I hereby certify that I attended the deceased from* March, 1955, *to* Aug 11, 1955, *that I last saw the deceased alive on* Aug 8, 1955, *and that death occurred at* 7:05 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. L. Shireman, M.D.
23b. ADDRESS: 4126 St. John Ave K.C. Mo.
23c. DATE SIGNED: Aug 12, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/13/55
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 8-12-55
REGISTRAR'S SIGNATURE: N. B. Langford 4837
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mellody-McGilley-Eylar 1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James E. Hacklem

Licensed Embalmer No. 45

P. O. Address K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.