

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33450**  
**4602**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>20 years</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. If Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>3903 BROOKLYN</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>			b. (Middle) <b>L.</b>		c. (Last) <b>OWENS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 25, 1955.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>January 1, 1895</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Pickering, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>			16. SOCIAL SECURITY NO. <b>490 104838</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hospital, Official Records, K. C. Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>				DUE TO (b) <b>Bronchogenic carcinoma right upper lobe bronchus with extensive varices of lung.</b>				<b>2-3 days</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____				<b>7-5-MOBS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease.</b>								<b>162 X</b>	
								<b>5 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) <b>VA</b>		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 <b>July 28, 1955</b> , to <b>Oct. 25, 1955</b> , <del>and that the death occurred at</del> <b>1:16 Am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Joaquin Lopez, M.D.</b> (Degree or title)				23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>				23c. DATE SIGNED <b>10-25-1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 27, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>D.W. NEWCOMER'S SONS</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>10-26-55</b>				REGISTRAR'S SIGNATURE <b>Reva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. Newcomer's Sons, Kansas City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Chester K. B...*

Licensed Embalmer No.....  
*5*

P. O. Address.....  
*KE*

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