

FILED NOV 28 1956

STANDARD CERTIFICATE OF DEATH

38200

STATE FILE NUMBER

Health,
Welfare
Public
ServiceRegistration District No. 149 Primary Registration District No. 1005 Registrar's No. 4879300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All other conditions, etc. must use only standard nomenclature in item 18. Cause of death must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Hugh H. Owens

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|--|-----------------------------------|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4205 East 50th</u> | | Length of stay in lb <u>20 YRS. 2</u> | | d. STREET ADDRESS (If outside, give location) <u>4205 East 50th</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>MAMIE</u> | | | | First <u>MAMIE</u> Middle <u>GOUGH</u> Last <u>GOUGH</u> | | 4. DATE OF DEATH <u>November 8 1956</u> Month <u>November</u> Day <u>8</u> Year <u>1956</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>JULY 11, 1885</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>71</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</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> | | 11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>CHRISTIAN F. WOLF</u> | | | | 14. MOTHER'S MAIDEN NAME <u>RACHAEL R. PETERS</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>486-09-7230</u> | | 17. INFORMANT Address <u>MRS. CHARLES LAUGHLIN, LIMA, OHIO</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause of death for (a), (b), and (c)] | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cause of death unknown</u> | | | | | | <u>4-31</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>probably coronary occlusion</u> | | | | | |
| | | DUE TO (c) <u>no heart permit</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u> </u> to <u> </u> and last saw her <u> </u> alive on <u> </u> Death occurred at <u>8:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Hugh H. Owens Coroner</u> (Degree or title) 3 | | | | 22b. ADDRESS <u>1834 Bristle Ridge</u> | | 22c. DATE SIGNED <u>11-11-56</u> | |
| 23a. BURIAL CREMATION, (REMOVAL Specify) <u>BURIAL</u> | 23b. DATE <u>Nov. 12, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ODESSA CEMETERY</u> | | 23d. LOCATION (City, town, or county) <u>ODESSA</u> | | 23e. (State) <u>MISSOURI</u> | |
| 24. FUNERAL DIRECTOR <u>B.W. Newcomer's Sons</u> | | | ADDRESS <u>1201 Birch Creek</u> | 25. DATE RECD. BY LOCAL REG. <u>11-12-56</u> | 26. REGISTRAR'S SIGNATURE <u>Nevar Minshall</u> | | |

(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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *49*

P. O. Address *Indep.*

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.