

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040256

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5599

5. 300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MOP Tracks & No Van Brunt		Length of stay in lb Unk 50yrs	d. STREET ADDRESS (If outside, give location) 1621 Central Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MACK Middle EDWARD Last VINCENT			4. DATE OF DEATH Month Unk Day Found Year Nov 9 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH December 29 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Bartender	9. AGE (In years at birthday) 71
11. BIRTHPLACE (City and state or country) Vista Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE unk.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 496-09-1196	17. INFORMANT Mack E Vincent Jr 1418 Glencoe Topeka Kan.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death unknown.			INTERVAL BETWEEN ONSET AND DEATH 7455
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Investigation Only			
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.) Unknown Found in wooded area	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 11-9-58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City Jackson mo		20f. CITY, TOWN, OR LOCATION Kansas City Jackson mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H Owens (Degree or title) 3		22b. ADDRESS 1034 Reath Bldg	22c. DATE SIGNED 11-26-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/1/58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Fort Leavenworth Kansas
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo.		25. DATE RECD. BY LOCAL REG. 11-26-58	26. REGISTRAR'S SIGNATURE neve Marshall

Name of Deceased
 Date of Death
 Place of Death
 Name of Student Embalmer
 License No. of Student Embalmer
 Name of Licensed Embalmer
 License No. of Licensed Embalmer
 Name of Institution
 Address of Institution
 City, State, and Zip
 Date of Embalming
 Signature of Licensed Embalmer
 Signature of Student Embalmer

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 *Richard E. Carroll*

Licensed Embalmer No. *4829*.....

P. O. Address *K.C. Mo.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.