MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

4002 -61-029208
STATE FILE NUMBER

FILED AUG 28 1961

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 12 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8246 Belleview — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8246 Belleview — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JEHANNE Middle: IRENE Last: DES ORMIERS

4. DATE OF DEATH Month: Unknown Day: Found 8 Year: 61

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-1-17
9. AGE (last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Eddy's Restaurant
11. BIRTHPLACE (City and state or country): Joliette, Quebec Canada
12. CITIZEN OF WHAT COUNTRY: Canada

13a. FATHER'S NAME: George Des Ormiers
13b. MOTHER'S MAIDEN NAME: Mary Ann Lavallee
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. [illegible]
17. INFORMANT: Mr. George Des Ormiers; Address 657 St. Viateur Joliette, Quebec Canada

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bullet Wound Abdomen
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ ?
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) unknown whether suicide or accident
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 8-4-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rest
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO

21. I attended the deceased from ____, to ____ and last saw him alive on ____
Death occurred at ____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) M.D. Coroner
22b. ADDRESS 152 Union Station-K.C., Mo.
22c. DATE SIGNED 8-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-14-61
23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City Jackson, Missouri

24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) K.C., MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 8-12-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

Hugh Owens

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_____ Signed Jack T. Moore

Signature of Student Embalmer

Licensed Embalmer No. 4229

P. O. Address Kansas City

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.