

FILED JUN 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16875

State File No.

84
20

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

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5977 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>POLK.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - UNION TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UNION TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALDRICH Mo. R#1</u>		d. STREET ADDRESS (If rural, give location) <u>ALDRICH, Mo. R#1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>OWEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9, 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>FEBRUARY 11, 1868</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>NORTH CAROLINA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>GILBERT SINCLAIR</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>STEVE OWEN</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. KIMBLE HAWKINS, ALDRICH, MO. R#1</u>
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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Anemia</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>hrs</u> <u>42 1/2</u> <u>Months</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (Min.)	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 <u>1945</u> , to <u>May 9, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9.00 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Rufus F. Wilson</u>		23b. ADDRESS <u>258 1/2 L. Fair Play Mo.</u>	23c. DATE SIGNED <u>5/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery Near Aldrich Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Near Aldrich Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Ralph Gorden</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Wm. F. ...</u>	ADDRESS <u>...</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 5-49-6030

Date Filed 6-2-49

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
Student Embalmer

Signed

Warren D. Roblett

Licensed Embalmer No. 4005

P. O. Address Old Grove, Wis.

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