

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18415

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Washington Jay township</u>		c. CITY OR TOWN <u>Red Bank Mo. Mo. 43</u>	
c. LENGTH OF STAY (in this place) <u>1 M - 27 D</u>		d. STREET ADDRESS (If rural, give location) <u>Rural.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		d. STREET ADDRESS (If rural, give location) <u>Rural.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Owings</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>6-1-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-9-1870</u>
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>11</u>	11. DAYS <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>Henry Mo.</u>		13a. FATHER'S NAME <u>DTC</u>	
13b. MOTHER'S MAIDEN NAME <u>DTC</u>		14. NAME OF HUSBAND OR WIFE <u>DTC</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Judge Probate Court, Hermitage Mo</u>
17. ADDRESS _____		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic Heart Disease 5 yrs +.</u> DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	
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) _____		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>4-5-1949</u> , to <u>6-1-1949</u> , that I last saw the deceased alive on <u>6-1-1949</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. Burch M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital # 3</u>	
23c. DATE SIGNED <u>6-1-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 3 '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. Cem. Nevada, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>		DATE REC'D BY LOCAL REG. <u>June 2, 1949</u>	
REGISTRAR'S SIGNATURE <u>W. Burch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Burch</u> ADDRESS _____	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 5-49-697

Date Filed 6-8-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed Allen V. Hayes

Licensed Embalmer No. 10968

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.