

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22727

1300

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer,	
c. LENGTH OF STAY (in this place) 45 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) July 8, 1949	
3. NAME OF DECEASED (Type or Print) Lora Ann Owens		a. (First) b. (Middle) c. (Last)	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Jan. 9, 1870
9. AGE (In years Length of day) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Dawn. Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Henry Bushnell		13b. MOTHER'S MAIDEN NAME Lora Ann Joslyn	14. NAME OF HUSBAND OR WIFE Chas. Owens
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. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Owens Kansas City, MO
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) None DUE TO (c) Arterio Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death INTERVAL BETWEEN ONSET AND DEATH 6 days 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Jan 1940 to July 8, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 8.00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. B. Beckey MD		23b. ADDRESS Braymer, Mo.	
23c. DATE SIGNED 7-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-11-49	
24c. NAME OF CEMETERY OR CREMATORY Braymer Evergreen		24d. LOCATION (City, town, or county) (State) Braymer, Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-12-49 Mrs. Nell B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 37. Bernard F. Mead Braymer, Mo	

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



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

Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.