

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15562

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY OR TOWN Sikeston		c. CITY OR TOWN Sikeston <u>1802</u>	
c. LENGTH OF STAY (in this place) 14yrs		d. STREET ADDRESS (If rural, give location) 210 Ruth St	
d. FULL NAME OF HOSPITAL OR INSTITUTION -210 Ruth			

3. NAME OF DECEASED (Type or Print) Watt	a. (First)	b. (Middle) R.	c. (Last) Owens	4. DATE OF DEATH (Month) (Day) (Year) April 18th, 50
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug, 18 - 1878	9. AGE (In years last birthday) (Months) (Days) 71 8 0	IF UNDER 1 YEAR Hours Min. - -	IF UNDER 48 HRS. Hours Min. - -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Gray Court S. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Abner Owens	13b. MOTHER'S MAIDEN NAME Ebbie Garrett	14. NAME OF HUSBAND OR WIFE Maggie Owens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Maggie Owens	ADDRESS Sikeston, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH E977X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Throat Cut With Razor		
	ANTECEDENT CAUSES Loss Of Blood 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.			

19a. DATE OF OPERATION 4/18/50	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sikeston Scott Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/18/50 2:30p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR First Call After Death
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22. I hereby certify that I attended the deceased from **First Call After Death**, 1950, that I last saw the deceased alive on **4/18/50**, and that death occurred at **2:30p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Slide Poe 3. Coroner	(Degree or title)	23b. ADDRESS Sikeston, Mo.	23c. DATE SIGNED 4/20/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/20/50	24c. NAME OF CEMETERY OR CREMATORY New Morley Cemetery	24d. LOCATION (City, town, or county) (State) Morley, Mo.
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DATE REC'D BY LOCAL REG Apr 27-50	REGISTRAR'S SIGNATURE Mrs Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE John Albritton	ADDRESS Sikeston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

02

APR 28 1950

1856 JUN 8 1950

NO FEE
ENCLOSED
APR 28 1950

BY _____

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. 962

working under my personal supervision.

Student Billy Payne Hopkins
Student Embalmer

Signed John Allerton

Licensed Embalmer No. 2944

P. O. Address Septon, Va

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.