

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25804

030

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 63

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stoddard</u>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If previous residence before death, give date and location)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u> |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Dexter LIBERTY 5 yrs</u>  |  | c. LENGTH OF STAY (in this place)<br><u>5 yrs</u>                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Dexter Rural</u>  |  | 1030  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Home</u>   |  |  | d. STREET ADDRESS (If rural, give location)<br><u>6 mi west of Dexter</u>  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>William</u> b. (Middle) <u>ELVIN</u> c. (Last) <u>OWENS.</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>7-21-50</u>   |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OF RACE<br><u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>           | 8. DATE OF BIRTH<br><u>9-21-1870</u>   | 9. AGE (In years last birthday)<br><u>79</u>         | 10. # UNDER 1 YEAR<br><u>10</u>   |
| 11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>farmer</u>   | 11b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><u>Marion Co., Ill.</u>               |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>        |   |
| 13a. FATHER'S NAME<br><u>George Owens</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Lucy Ann Owens</u> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  | 16. SOCIAL SECURITY NO.<br><u>none</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Dr. J. P. Owens, Liberton, Mo.</u> |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Chronic myocarditis</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><u>Arteriosclerosis of liver</u><br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yrs</u><br><u>1-yr</u><br><u>42-50</u> |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY?<br>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)  | 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>June 19, 1950</u> , to <u>July 21, 1950</u> that I last saw the deceased alive on <u>July 20, 1950</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above. |  |  |  |  |   |
| 23a. SIGNATURE<br><u>W. S. [Signature]</u>   |  | (Degree or title)  | 23b. ADDRESS<br><u>St. Louis, Mo.</u>  |  | 23c. DATE SIGNED<br><u>9/21/50</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 24b. DATE<br><u>7-23-50</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Stanfield</u>                             | 24d. LOCATION (City, town, & county) (State)<br><u>near Clayton Mo</u>   |  |   |
| DATE REC'D BY LOCAL REG.<br><u>7-26-50</u>   | REGISTRAR'S SIGNATURE<br><u>Velma V. Jenkins</u>   | 25. FURNERAL DIRECTOR'S SIGNATURE<br><u>W. H. [Signature]</u>                      | ADDRESS<br><u>St. Louis, Mo.</u>   |  |   |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 1 1953

District Health Office No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

AUG 1 7 1953

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 Ley M. Pugh

Student Embalmer No. 509 Ark.

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Lloyd Russell

Licensed Embalmer No. 509 Ark.

P. O. Address Piggott, Ark.

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.