

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43525 State File No.

FILED JAN 17 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trimble</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u> <u>0250</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>IN Ambulance</u>		d. STREET ADDRESS (If rural, give location) <u>900 CLAY</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Andrew</u>	c. (Last) <u>OWEN</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>12</u> <u>27</u> <u>1950</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-17-1896</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 MONTH	12. UNDER 1 DAY	13. UNDER 1 HOUR	14. UNDER 1 MIN.
				<u>54</u>	<u>4</u>	<u>10</u>			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pipe Line Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Owen</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA McNew</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Owen</u>
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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) <u>Yes</u> <u>W.W.I.</u>	16. SOCIAL SECURITY NO. <u>495-01-8089</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mo Lucille Owen</u>	ADDRESS <u>Plattsburg MO</u>
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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, ashenia; etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by firearms</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>EC 96X</u>	

19a. DATE OF OPERATION	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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Plattsburg, Clinton, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec-27-1950 3:50 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>22 Rifle</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:30 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. Templeman</u> (Degree or title) <u>Coroner Clinton County MO 2</u>	23b. ADDRESS <u>Cameron, Missouri</u>	23c. DATE SIGNED <u>12-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-29-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LATHROP, CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>LATHROP, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 30, 1950</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Searey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u>	ADDRESS <u>Plattsburg MO</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD



MAR 27 1951

JAN 31 1951

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 Danell D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.