

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6023**
Registrar's No. **10**

FILED FEB 16 1952

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054**

0821

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

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Loucasville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Painesville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hosp		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) HENRY c. (Last) OWENS			4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct 31 1874
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) TRADER	11. BIRTHPLACE (State or foreign country) Mo
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) TRADER		10b. KIND OF BUSINESS OR INDUSTRY Trader	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Owens		13b. MOTHER'S MAIDEN NAME Catherine John	14. NAME OF HUSBAND OR WIFE ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME John Owens ADDRESS Painesville Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) kidney failure		INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) cardiovascular and disease	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		scrotal abscess	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 Oct 27, 1951 , to 1-31 , 1952, that I last saw the deceased alive on 1-31 , 1952, and that death occurred at 11:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE John H. Hooker, M.D. (Degree or title)		23b. ADDRESS Clarksville, Mo.	23c. DATE SIGNED 2-1-52
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Feb 7 52	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Clarksville Mo
DATE REC'D BY LOCAL REG Feb 5, 1952	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Harry L. Carroll ADDRESS Painesville Mo	

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: _____

Licensed Embalmer No. _____

P. O. Address _____

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.