

No. 300  
10-48

24949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 64

05-42

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Francis St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Francis St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VINCE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>OWEN</u>			4. DATE OF DEATH <u>July 3, 1952</u> (Month) (Day) (Year)		
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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>July 5, 1883</u>		9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>11</u> DAYS <u>28</u>		11. IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		12. IF UNDER 1 MIN. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Salesman own office</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own office</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>John M. Owen</u>				13b. MOTHER'S MAIDEN NAME <u>Caroline S. Whelan</u>				14. NAME OF HUSBAND OR WIFE <u>Iola Ewing</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Lola Owen</u>				ADDRESS <u>Lexington, Missouri</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>De compensating</u>										<u>Today</u>	
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>										<u>2 years</u>	
		DUE TO (c) <u>Coronary Thrombosis</u>											
		II. OTHER SIGNIFICANT CONDITIONS* *Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION: <u>4201</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 12/27, 1950, to 7/3, 1952, that I last saw the deceased alive on 7/3/52, 1952, and that death occurred at 9 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Lexington Mo.</u>				23c. DATE SIGNED <u>7-28-52</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>				24d. LOCATION (City, town, or county) (State) <u>Lexington Missouri</u>			
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DATE REC'D BY LOCAL REG. <u>7-28-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>				ADDRESS <u>[Address]</u>			
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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 \_\_\_\_\_

*[Handwritten Signature]*

Licensed Embalmer No. *2983*

P. O. Address *[Handwritten 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.