

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26970

State File No.

50 AUG 11 1952

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>6251</u>		Registrar's No. <u>5</u>							
1. PLACE OF DEATH a. COUNTY <u>WAYNE 1110</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>									
b. CITY (If outside corporate limits, write RURAL and give township) <u>MILL SPRING</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL (MILL SPRING 1110)</u>		d. STREET ADDRESS (If rural, give location) <u>on Sads Creek</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route on Sads Creek</u>				d. STREET ADDRESS (If rural, give location) <u>on Sads Creek</u>									
3. NAME OF DECEASED (Type or Print) <u>AMOS</u>			a. (First)			b. (Middle)							
c. (Last) <u>OWNBEY</u>			4. DATE OF DEATH <u>Aug 4 1952</u>			Date (Month) (Day) (Year)							
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>Feb 27, 1898</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Ownbey</u>				13b. MOTHER'S MAIDEN NAME <u>Hanna Berry</u>				14. NAME OF HUSBAND OR WIFE <u>Lillie Esther Ownbey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>078-05-1120</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Esther Ownbey Mill Spring Mo</u>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>H&C</u>								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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Hazel Ward Local Registrar Piedmont, Mo Aug 6, 52</u>				(Degree or title)				23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 7 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alexander Cem</u>				24d. LOCATION (City, town, or county) (State) <u>Near Williamville Mo</u>					
DATE REC'D BY LOCAL REG. <u>Aug 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Gish Piedmont Mo</u>				ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 8 1952

WAYNE CO. HEALTH CENTER

FILE No. 852-49

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 Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont Ave

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.