

No. 300
10-46
OCT 10 1952THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31063

BIRTH NO. _____		REG. DIST. NO. <u>91</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>134</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>27 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		0242-			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>519 Regent</u>					
3. NAME OF DECEASED (Type or Print) <u>ELMER OWEN</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30, 1952</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>Nov. 19, 1874</u>	
9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>77</u> <u>10</u> <u>11</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery Business Ray County, Mo</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles F. Owen</u>			13b. MOTHER'S MAIDEN NAME <u>Sallie Ann Baker</u>			14. NAME OF HUSBAND OR WIFE <u>Catherine Owen Et Jr.</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ann Crank, Phoenix, Ariz</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>diabetes</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Not known</u>							
		DUE TO (c) <u>nothing</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260 X</u>						20. AUTOPSY? 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) <u>Excelsior Springs, Clay Mo.</u>		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?							
22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>Sept. 30, 1952</u> that I last saw the deceased alive on <u>Sept. 30, 1952</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. E. Baird, M. D.</u>				23b. ADDRESS <u>Excelsior Springs, Mo. 202 Thompson</u>		23c. DATE SIGNED <u>10-1-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-5-52</u>		REGISTRAR'S SIGNATURE <u>Coraline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Ex. Spgs, Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1959

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

Chas. Virgil Hope

Licensed Embalmer No. *3950*

P. O. Address *Excelsior Springs, 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.