

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18942

State File No.

FILED MAY 27 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Loupsiana</u>	c. LENGTH OF STAY (in this place) <u>4 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarksville</u> <u>1820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cecile</u>	b. (Middle) <u>Blanche</u>	c. (Last) <u>Owens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 7 1894</u>	9. AGE (In years last birthday) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	11. BIRTH PLACE (State or foreign country) <u>Mill Grove Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel McHarquer</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Lanady</u>	14. NAME OF HUSBAND OR WIFE <u>Jesse O. Owens</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>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse O. Owens</u> ADDRESS <u>Clarksville, Mo</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>congestive heart failure</u>	DUE TO (b) <u>rheumatic heart disease</u>		<u>1 year</u>
ANTECEDENT CAUSES	DUE TO (c)		<u>20 years</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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	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) <u>Clarksville</u> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Sept. 1950, to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 5:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Hooker, M.D.</u>	23b. ADDRESS <u>Clarksville, Mo.</u>	23c. DATE SIGNED <u>5-17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 19 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brimwood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 18, 1953</u>	REGISTRAR'S SIGNATURE <u>Jessie Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Larroll</u> ADDRESS <u>Clarksville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3 1956

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.