

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8002

State File No.

No. 300
10.48

FILED MAR 22 1954

REG. DIST. NO. 59

PRIMARY REG. DIST. NO. 4097

Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL, and give OR <u>Harrisonville</u> , c. LENGTH OF TOWN <u>Harrisonville</u> STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL, and give OR <u>Polk - 3 Miles East of Pleasant Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant Hill 01900</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEATRICE</u> b. (Middle) <u>CHARLINE</u> c. (Last) <u>OWENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-1954</u>
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>9-21-1934</u>
9. AGE (In years) <u>21</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mts.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Dighton, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Taylor Holton</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Kelly</u>	
14. NAME OF HUSBAND OR WIFE <u>Michael Owens</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>490-34-7152</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Michael Owens</u> ADDRESS <u>Pleasant Hill, Mo</u>	
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) <u>Pulmonary Embolus - instant</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
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"/>			
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 <u>Jan</u> , 19 <u>54</u> , to <u>3-12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-12</u> , 19 <u>54</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. L. Jones, M.D.</u>		23b. ADDRESS <u>Harrisonville, Mo</u>	
23c. DATE SIGNED <u>3-13-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-16-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 16 1954</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Bumpford</u>		ADDRESS <u>Pleasant Hill, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21 1954

AUG 6 1954

RECEIVED
MAR 20 1954
CASS COUNTY
HEALTH DEPARTMENT

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 *Allen Burdick*

Licensed Embalmer No. *3785*

P. O. Address *Plant Hill, 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.