

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11915

FILED APR 23 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Howell</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>res of Mrs. F.W. Anderson</u>		d. STREET ADDRESS (If rural, give location) <u>413 Cherry Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARLEY</u> b. (Middle) <u>EPHRAM</u> c. (Last) <u>OWENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 12, 1954</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIES <u>marries</u>	8. DATE OF BIRTH <u>Feb. 1, 1897</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Dora, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wm. Wiley Owens</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Bird</u>	14. NAME OF HUSBAND OR WIFE <u>Matilda Tolbert 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>486-30-1912</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Calvin Owens, 6813 Balson, St. L., Mo.</u>	
---	--	--	--

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.		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>STOKES-ADAMS SYNDROME</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with Complete Heart Block</u> 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 <u>4330</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) 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 26-2, 1954, to 12 Apr, 1954, that I last saw the deceased alive on 1 May, 1954, and that death occurred at 6:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>16-4-54</u>
---	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Apr. 15, '54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ball Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark County, Mo.</u>
---	---	---	--

DATE REC'D BY LOCAL REG. <u>4-21-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	<u>379</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Shoups</u> ADDRESS <u>West Plains, Mo.</u>
---	--	------------	---

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26

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

Hal Thomburg

Licensed Embalmer No. *3408*

P. O. Address *109 Plain*

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.