

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15301

BIRTH NO. _____		REG. DIST. NO. <u>75</u>	PRIMARY REG. DIST. NO. <u>3015</u>	Registrar's No. <u>30</u>
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DEKALA</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameroon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Grand River Township</u>		
c. LENGTH OF STAY (In this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>0320</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cameroon Comty. Hosp.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>CROCKETT</u> c. (Last) <u>OWEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 7. 1874 79</u>	9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>DEKALA Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>John H. Owen</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Whitsett</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alberta Owen Cameroon 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) <u>Generalized Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>10 years</u> <u>15 years</u>
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) _____		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>5-18</u> , 19 <u>54</u> , to <u>5-26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>54</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>St. Wetherston MD.</u>		23b. ADDRESS <u>Cameroon MO</u>		23c. DATE SIGNED <u>5-28-54</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wansley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>DEKALA Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>6-2-54</u>	REGISTRAR'S SIGNATURE <u>W. W. ...</u>	370e	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMoss CRUNK</u> ADDRESS <u>Cameroon MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FEB 11 1957

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 *Lawrence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Camden, Md.*

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.