

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23480**

BIRTH NO.		REG. DIST. NO. 164	PRIMARY REG. DIST. NO. 5598	Registrar's No. 87
1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbus Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Columbus 2510		
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 1 Centerview		d. STREET ADDRESS (If rural, give location) R.F.D. # 1 Centerview Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Fredrick b. (Middle) Lawrence c. (Last) Owens			4. DATE OF DEATH (Month) (Day) (Year) July 12 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 3 1878	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months Days IF UNDER 6 WKS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and State or Foreign Country) New Glarus Wis.	
12. CITIZEN OF WHAT COUNTRY? U.S.A				
13a. FATHER'S NAME Wm. Owens		13b. MOTHER'S MAIDEN NAME Martha Oliver	14. NAME OF HUSBAND OR WIFE Anna Owens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Anna Owens RFD Centerview Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 Da Approx 15 yrs 3 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			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 Jan 1, 1954 , to July 12, 1954 , that I last saw the deceased alive on July 12, 1954 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE E F Slaughter		(Degree or title) M.D.O	23b. ADDRESS Warrensburg, Mo.	23c. DATE SIGNED 7/15/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-15-54	24c. NAME OF CEMETERY OR CREMATORY Wood Lawn	24d. LOCATION (City, town, or county) (State) Independence, Missouri	
DATE REC'D BY LOCAL REG. July 17, 1954	REGISTRAR'S SIGNATURE L. J. ...	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 21 1954
JOHNSON COUNTY HEALTH DEPT

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 P. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.