

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36489

State File No. _____

No. 300
10.48

FILED DEC 14 1954

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5087 Registrar's No. 16

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|--|--|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY <u>BATES</u> | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-HOWARD TWP. 20YRS.</u> | c. LENGTH OF STAY (In this place) <u>20YRS.</u> | a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MI. WEST OF RICH HILL</u> | | c. CITY OR TOWN | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | | e. STREET ADDRESS (If rural, give location) <u>6 MI. WEST OF RICH HILL</u> | <u>0090</u> |

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|--|-------------------------|----------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ESSIE</u> | b. (Middle) <u>-</u> | c. (Last) <u>OVNICH.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-6-1954</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. 29-1885</u> | 9. AGE (In years last birthday) <u>69</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>TRENTON, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME.</u> | | | | | |

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| 13a. FATHER'S NAME <u>FRANK HENDRICKS.</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN.</u> | 14. NAME OF HUSBAND OR WIFE <u>FRANK OVNICH.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NONE.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Ovnich - Rich Hill, Mo</u> | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 MO</u> |
| | ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | |
| | DUE TO (b) <u>Hypertension</u> | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

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| 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) (COUNTY) (STATE) <u>Rich Hill, MO, MISSOURI</u> |
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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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from July 1954, to July 1954, that I last saw the deceased alive on July 5, 1954, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Kenneth G. Leonard</u> | 23b. ADDRESS <u>Rich Hill, Mo.</u> | 23c. DATE SIGNED <u>Dec 11 1954</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u> | 24b. DATE <u>12/8/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEM.</u> | 24d. LOCATION (City, town, or county) (State) <u>Rich Hill, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 11 1954</u> | REGISTRAR'S SIGNATURE <u>Gern Martin</u> <u>1954</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Sew. Rich Hill, Mo.</u> | ADDRESS |
|--|---|--|----------------|

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

0070

DEC 16 1954

MAY 11 1955

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.....
Signature of Student Embalmer

Signed *John G. Henderson*

Licensed Embalmer No. 358

P. O. Address: *Butte*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.