

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27114

State File No.

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 3048 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>4 hrs</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>409 W. 9th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle)	
c. (Last) <u>Owens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-19-1867</u>
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oswego, N.Y.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Daniel Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Lula F. Kennedy</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chester Gordon, Maryville, 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hearticular fibrillation</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Rheumatic heart c</u> DUE TO (c) <u>decompensation</u> 10 yrs 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		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 _____, 19 <u>50</u> , to <u>Aug 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 12, 1955</u> , and that death occurred at <u>6:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Owens M.D.</u> (Degree or title)		23b. ADDRESS <u>Maryville Mo</u>	
23c. DATE SIGNED <u>8/15/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/15/1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Graham, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-20-55</u>		REGISTRAR'S SIGNATURE <u>Bessie Holli-0</u> 229	
25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Maryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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

G. M. Atchis

Licensed Embalmer No. *22*

P. O. Address *Maryville*

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.