

32522

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 19 1955

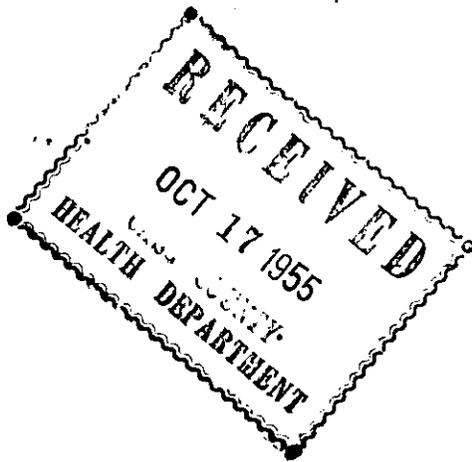
BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5230</u>		Registrar's No. <u>143</u>	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN rural Raymore)		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN rural Raymore		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 miles s.e. Belton				STREET ADDRESS (If rural, give location) 4 1/2 miles s.e. Belton			
3. NAME OF DECEASED (Type or Print)		a. (First) Ferdinand		b. (Middle) Lincoln		c. (Last) Owen	
4. DATE OF DEATH		(Month) Oct		(Day) 7		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-15-1889	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commission Co.		10b. KIND OF BUSINESS OR INDUSTRY Livestock		11. BIRTHPLACE (City and State or Foreign Country) Ozark Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Franklin Owen		13b. MOTHER'S MAIDEN NAME Mittie G. Amyx		14. NAME OF HUSBAND OR WIFE Bertie Owen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 493-34-8800		17. INFORMANT'S SIGNATURE OR NAME Bertie Owen, Belton		ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Previous Occlusion nos. 1953 DUE TO (c) 4201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer Ch. Cholecystitis & Hepatitis				INTERVAL BETWEEN ONSET AND DEATH Sudden	
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) 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 <u>May</u> , 19 <u>40</u> , to <u>Oct 7</u> , 19 <u>55</u> , that I last saw the deceased <u>live on Oct 3</u> , 19 <u>55</u> , and that death occurred at <u>9 pm.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Wm. v. Henderson MD				23b. ADDRESS Liberty, Mo.		23c. DATE SIGNED 10/9/1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/10/1955		24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery		24d. LOCATION (City, town, or county) (State) Sarcoxie, Missouri	
DATE REC'D BY LOCAL REG. Oct 13, 1955		REGISTRAR'S SIGNATURE Dora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE R. K. George & Sons		ADDRESS Belton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
40

50



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard E. Leary

Licensed Embalmer No. 39.....

P. O. Address *Bella*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.