

FILED NOV 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. **35923**

BIRTH NO. _____ REG. DIST. NO. **17** PRIMARY REG. DIST. NO. **3005** Registrar's No. **103**

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler | | c. CITY OR TOWN Butler | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 35 YRS. | | e. STREET ADDRESS (If rural, give location) 110 W. Mill 0070 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 110 W. Mill | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Robert | b. (Middle) Lyle | c. (Last) Owens | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1955 |
|-------------------------------------|--------------------------|-------------------------|------------------------|--|

| | | | | | | | |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 6, 1918 | 9. AGE (In years last birthday) 37 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|

| | | | |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothing clerk | 10b. KIND OF BUSINESS OR INDUSTRY Clothing store | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|---|---|--|

| | | |
|--------------------------------------|--|---|
| 13a. FATHER'S NAME Dale Owens | 13b. MOTHER'S MAIDEN NAME Irene Warford | 14. NAME OF HUSBAND OR WIFE Margaret Owens |
|--------------------------------------|--|---|

| | | |
|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) W.W. 2 | 16. SOCIAL SECURITY NO. 486 09 4399 | 17. INFORMANT'S SIGNATURE OR NAME Margaret Owens ADDRESS Butler, 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 | | INTERVAL BETWEEN ONSET AND DEATH 12 hours |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Coronary Insufficiency | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | | |

| | | |
|------------------------|----------------------------------|--|
| 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 **11/5/55** 19**55**, to **11/12/55**, that I last saw the deceased alive on **11/12/55**, 19**55**, and that death occurred at **5 A.** m., from the causes and on the date stated above.

| | | |
|---|-------------------------------|----------------------------------|
| 23a. SIGNATURE Carter W. Luter (Degree or title) M.D. | 23b. ADDRESS Butler Mo | 23c. DATE SIGNED 11/14/55 |
|---|-------------------------------|----------------------------------|

| | | | |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-15-1955 | 24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery | 24d. LOCATION (City, town, or county) (State) Butler, Missouri |
|---|-----------------------------|--|---|

| | | |
|--|--|---|
| DATE REC'D BY LOCAL REG. Nov. 15-55 | REGISTRAR'S SIGNATURE Randall K. Perry 17-0 | 25. FUNERAL DIRECTOR'S SIGNATURE Cubert Underwood ADDRESS Butler, Mo. |
|--|--|---|

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

020

NOV 3 - 1938

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. Chelmsford*

Licensed Embalmer No. 358

P. O. Address *Bethel*

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.