No. 300
10.48

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

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14004
State File No.

BIRTH NO. REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: MARIES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELLE
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MARIES
c. CITY OR TOWN: BELLE
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0630 0

3. NAME OF DECEASED (Type or Print)
a. (First): OCTAVIA
b. (Middle): MATILDA
c. (Last): OWENS

4. DATE OF DEATH (Month) (Day) (Year): APRIL 17, 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 1, 1880
9. AGE (In years last birthday): 76
If under 1 year: Months -, Days 16
If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Owens Mill, Mo.
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Shan Mosley
13b. MOTHER'S MAIDEN NAME: Mary Ellen Branson
14. NAME OF HUSBAND OR WIFE: Gus Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: GUS OWENS, ADDRESS: Belle, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic Carcinoma Right Lower Lobe With Terminal Metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 162x
20. AUTOPSY? YES [ ] NO [✓]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15, 1956, *to* 4-17, 1956, *that I last saw the deceased alive on* 4-16, 1956, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul A. Brunner, M.D.
23b. ADDRESS: Owensville, Mo.
23c. DATE SIGNED: 4-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4/19/56
24c. NAME OF CEMETERY OR CREMATORY: Pilot Knob Cemetery
24d. LOCATION (City, town, or county) (State): Summerfield, Mo.

DATE REC'D BY LOCAL REG.: 4-21-56
REGISTRAR'S SIGNATURE: Pauline Howard
25. FUNERAL DIRECTOR'S SIGNATURE: Leland Horton
ADDRESS: Horton Funeral Home, Belle, Mo.

(Licensed Embalmer's Statement on Reverse Side)

58-6

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Vernon M. Morton

Licensed Embalmer No. 4

P. O. Address Linn, M

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