No. 300
10.48

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

FILED DEC 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32305

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO 5210 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tina (RURAL) STOKES MOUND TWP
c. LENGTH OF STAY (in this place): 170
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 5 Mile N/W Tina

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tina,
d. STREET ADDRESS (If rural, give location): rural

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

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26th 1956

5. SEX: F
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 29, ~~1956~~ 1885
9. AGE (In years last birthday): 71 — If under 1 year: Months 11, Days 27; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll County
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J.G. Rockhold
13b. MOTHER'S MAIDEN NAME: Amanda Rockhold
14. NAME OF HUSBAND OR WIFE: Kelly Owens,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Kelly Owens, Tina, Missouri

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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH

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. 334.X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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): Carroll Mo.
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* 11/26, 1956, *to* 11/26/, 1956, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray Dickerson (Degree or title) Coroner
23b. ADDRESS: Bogard Mo.
23c. DATE SIGNED: 11-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/29/1956
24c. NAME OF CEMETERY OR CREMATORY: Coloma Cemetery
24d. LOCATION (City, town, or county) (State): Tina, Missouri

DATE REC'D BY LOCAL REG.: 11-30, 1956
REGISTRAR'S SIGNATURE: Mae Rex Henderson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Clifford W. Austin, Tina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Orford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.