

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1675**  
Registrar's No. **12**

BIRTH NO. _____		REG. DIST. NO. <b>157</b>		PRIMARY REG. DIST. NO. <b>3028</b>		Registrar's No. <b>12</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Carthage</b>		c. LENGTH OF STAY (in this place) <b>40 yrs</b>		c. CITY OR TOWN <b>Carthage</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2111 S. Garrison Ave</b>				STREET ADDRESS (If rural, give location) <b>2111 S. Garrison Ave</b> <b>04970</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>MADISON</b> c. (Last) <b>OWEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 14, 1957</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec 20, 1893</b>	
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salvage dealer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>auto salvage</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mulhall, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry A. Owen</b>			13b. MOTHER'S MAIDEN NAME <b>Rosalee Luster</b>		14. NAME OF HUSBAND OR WIFE <b>Elva Martin Owen</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>493-38-1309</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.M. Owen, 2111 Garrison, Carthage</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Coronary artery insufficiency (on nitroglycerine therapy 3 1/2 hr)</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden death</b> <b>3 1/2 hr</b>
19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <b>3</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>
21a. ACCIDENT SUICIDE HOMICIDE <b>no</b> (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) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Prognosed dead -</b>			
22. I hereby certify that I attended the deceased from <b>Sudden death</b> , 19____, that I last saw the deceased alive on <b>Dec 10, 1957</b> , and that death occurred at <b>7:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>George H. Wood</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Carthage, Mo</b>		23c. DATE SIGNED <b>1-14-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1-15-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-15-57</b>		REGISTRAR'S SIGNATURE <b>W. H. Clifton</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Knell Mortuary, Carthage, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1390

CERTIFIED FILED JAN 25 1957

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..... *Robert H. Knell*

Licensed Embalmer No. *4450*

P. O. Address *Carthage*

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.