

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

State File No. 2096

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5810 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Hawcreek Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hawcreek Township	
c. LENGTH OF STAY (in this place) 2 1/2 yrs		d. STREET ADDRESS (If rural, give location) 8 miles north of Stover, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles north of Stover, Mo.			
3. NAME OF DECEASED a. (First) India (Type or Print)		b. (Middle) A. c. (Last) Owen	
4. DATE OF DEATH January 11 1957 (Month) (Day) (Year)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 18, 1888
9. AGE (In years last birthday) 68		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country) Palmer, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Marsh Binkley		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Tom Owen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-16-1496	
17. INFORMANT'S SIGNATURE OR NAME Tom Owen		ADDRESS Stover, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260x	
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 Sept , 1956, to Jan 11 , 1957, that I last saw the deceased alive on Jan 11 , 1957, and that death occurred at 2:55 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ruth Kauffman, M.D.		23b. ADDRESS Osceola, Mo.	
23c. DATE SIGNED 12-12-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE January 14, 1957	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 12 1957 Wm. L. Ripberger		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. L. Linn, Osceola, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1957

1957

1957

of the State of Maryland

1957

1957

of the State of Maryland

1957

1957

1957

1957

1957

1957

1957

U.S.A.

1957

1957

1957

1957

1957

1957

1957

1957

1957

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 _____
Student Embalmer

Signed *John R. Scribner*

Licensed Embalmer No. *4880*

P. O. Address *Verona, Md.*

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

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