

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20411

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 3012 Registrar's No. 55

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Clay</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Texas</p>		b. COUNTY <p style="text-align: center;">unknown</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Excelsior Springs</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">9 days</p>		c. CITY OR TOWN <p style="text-align: center;">Pampa</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Excelsior Institute Hospital</p>		STREET ADDRESS (If rural, give location) <p style="text-align: center;">315 East Kingsmill St.</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Paul</p>		b. (Middle)		c. (Last) <p style="text-align: center;">Owens</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">June 20, 1957</p>	
5. SEX <p style="text-align: center;">M</p>		6. COLOR OR RACE <p style="text-align: center;">W</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">July 8, 1885</p>	
9. AGE (In years last birthday) <p style="text-align: center;">71</p>		10. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Optometrist</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Shell Knob, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>	

13a. FATHER'S NAME <p style="text-align: center;">James C. Owens</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Margaret Hilton</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Ethel Shipley</p>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">unknown</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Ethel Owens Pampa, Texas</p>		ADDRESS	
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">CONGESTIVE HEART FAILURE</p>				INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">10 MIN.</p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">HYPERTENSION</p>				MANY YEARS	
		DUE TO (c)					
		11. 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 <p style="text-align: center;">443x</p>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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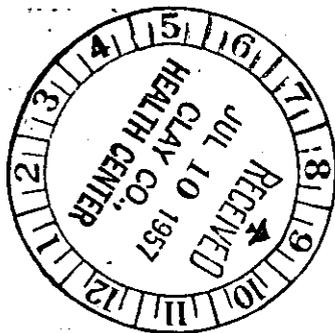
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from JUNE 10, 1957, to JUNE 20, 1957, that I last saw the deceased alive on JUNE 19, 1957, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">A. H. Pink</p>		(Degree or title) <p style="text-align: center;">D. O.</p>		23b. ADDRESS <p style="text-align: center;">Excelsior Institute</p>		23c. DATE SIGNED <p style="text-align: center;">6-20-57</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>		24b. DATE <p style="text-align: center;">6-20-57</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">UNKNOWN</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Pampa, Texas</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">6/30/57</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Caroline Hutchings</p>		25. FUNERAL HOME <p style="text-align: center;">Richard Funeral Home, Inc. Excelsior Springs, Missouri</p>		ADDRESS	
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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 *Ralph Van Landingham*

Licensed Embalmer No. *400*  
*Galveston, Mo.*  
P. O. Address .....

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.