

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24044**

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5375** Registrar's No. **47**

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY DeKalb | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, write R.U.R. and give to (ship) c. LENGTH OF OR TOWN Santa Rosa Dallas Tex Life | | c. CITY OR TOWN Santa Rosa | 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 Home in town | | e. STREET ADDRESS (If rural, give location) 0220 | |

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|-------------------------------------|------------------------|----------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) John | b. (Middle) William | c. (Last) Owens | 4. DATE OF DEATH (Month) (Day) (Year) 7 - 7 - 57 |
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|--------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------------|
| 5. SEX male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER married | 8. DATE OF BIRTH Oct. 11, 1870 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and State or Foreign Country) Ind. | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
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|---------------------------------------|---|---|
| 13a. FATHER'S NAME David Owens | 13b. MOTHER'S MAIDEN NAME Elizabeth Rush | 14. NAME OF HUSBAND OR WIFE None |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Everett Owens | ADDRESS Pattonsburg Mo |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility | | 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) Coronary Occlusion | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8-11** m., from the causes and on the date stated above.

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| 23a. SIGNATURE John Brown (Degree or title) | 23b. ADDRESS Maysville Mo | 23c. DATE SIGNED |
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|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-9-57 | 24c. NAME OF CEMETERY OR CREMATORY King City | 24d. LOCATION (City, town, or county) (State) King City Mo |
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| DATE REC'D BY LOCAL REG. 7-16-57 | REGISTRAR'S SIGNATURE Roscoe Davidson | FUNERAL DIRECTOR'S SIGNATURE John Brown | ADDRESS Maysville Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No. 3933.....

P. O. Address..... Maysville M

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.