

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33045

STATE FILE NUMBER

FILED SEP 17 1957

Registration District No. 295 Primary Registration District No. 1443 Registrar's No. 276

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Randolph 295</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Huntsville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Randolph</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Winkler Nursing & days</u>		Length of stay in 1b <u>8 days</u>		c. CITY OR TOWN <u>Jacksonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK R OWENS</u>				4. DATE OF DEATH Month Day Year <u>Sept-9-1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. B. DATE OF BIRTH <u>Aug 20-1880 77</u>	
9. AGE (In years last birthday) <u>77</u>		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) Months Days Hours Min.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Retired Mail Carrier</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and state or country) <u>Jasper, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>John Owens</u>			
14. MOTHER'S MAIDEN NAME <u>Mary Reynolds</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>NO</u> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT <u>Mrs. Nora Owen Jacksonville</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>50 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>arterio sclerosis</u>	
						DUE TO (c) <u>331X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>9/7/57</u> to <u>9/8/57</u> and last saw <u>him</u> alive on <u>9/8/57</u> Death occurred at <u>4:25 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. Deyer M.D.</u> (Degree or title)				22b. ADDRESS <u>Huntsville Mo</u>		22c. DATE SIGNED <u>9/12/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 11, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grand Price</u>		23d. LOCATION (City, town, or county) (State) <u>Cairo Missouri</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home, Moberly, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>9/14/57</u>		26. REGISTRAR'S SIGNATURE <u>Mary H. Gentry</u>	

(License of Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

3300 1-56

SEP 18 1951

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 *Jerry R. Cate*.....
Licensed Embalmer No. 490

P. O. Address *Moberly*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.