

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032252
STATE FILE NUMBER

8
FILED OCT 2 1958 Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Independence Township TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Holcomb 0 350 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL Holcomb, Route 1 INSTITUTION		Length of stay in lb 10 Years	d. STREET ADDRESS Route #1 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Earl Middle Ray Last Owens			4. DATE OF DEATH Month September Day 18 Year 1958		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1885	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	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) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Elytha Owens	13b. MOTHER'S MAIDEN NAME Mary Wetherington	14. NAME OF HUSBAND OR WIFE Bessie Owens
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Bessie Owens Address Holcomb, Mo. Route 1
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5705		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ 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
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21. I attended the deceased from 2-22-54 to 9-18-58 and last saw ^{her} him alive on 9-14-58 Death occurred at 4 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Edmund M. P. (Degree or title)	22b. ADDRESS Malden, Missouri	22c. DATE SIGNED 9-20-58

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	23b. DATE Sept. 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Stanfield	23d. LOCATION (City, town, or county) Clarkton	(State) Mo.
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24. FUNERAL DIRECTOR Landess Funeral Home ADDRESS Campbell, Mo.	25. DATE RECD. BY LOCAL REG. 9-22-1958	26. REGISTRAR'S SIGNATURE Earl Hubbard
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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DEPARTMENT
COUNTY FILE NUMBER 958-241

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 *Christina T. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Ga*

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.