

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010606

STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 314

Primary Registration District No. 6062

Registrar's No. 20

300
1-57
3

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Springfield</u> TOWN <u>Vista</u>		c. CITY OR TOWN <u>Springfield</u> <u>6396</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Passing Vista</u>		d. STREET ADDRESS (If outside, give location) <u>State Hotel</u>	

3. NAME OF DECEASED (Type or print) First <u>Elsey</u> Middle <u>Lee</u> Last <u>Owens</u>			4. DATE OF DEATH Month <u>March</u> Day <u>8</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 21, 1901</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 24 HRS Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Piedmont Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Lewis F. Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Walker</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Owens</u>	
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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) <u>0</u>		16. SOCIAL SECURITY NO. <u>489-07-0798</u>		17. INFORMANT <u>Betty Owens, Arlington Calif;</u>	
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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) <u>Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			

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"/>		
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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 March 8, 1959 to _____ and last saw ^{her} _{him} alive on _____
Death occurred at 10:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Hubert M. Hanson MD</u>		(Degree or title)		22b. ADDRESS <u>Osceola Missouri</u>		22c. DATE SIGNED <u>3/9/59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3/13/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
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24. FUNERAL DIRECTOR <u>Goodrich F. Home, Osceola Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-17-59</u>		26. REGISTRAR'S SIGNATURE <u>Paul H. Seaver</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 8 1959

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 *J.B. Daniels*

Licensed Embalmer No. *2038*

P. O. Address *Seeds, Mo*

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.