

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017840

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 379 Primary Registration District No. 6282 Registrar's No. _____

FILED MAY 7 1962

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clark Township		c. CITY OR TOWN Norwood	
Length of stay in 1b ---		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 Mi North Norwood		d. STREET ADDRESS (If outside, give location) 9 Mi. North	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Otis Middle Elisha Last Owens			4. DATE OF DEATH Month April Day 25 Year 1962
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-7-1900
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Wright County, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Owens	
13b. MOTHER'S MAIDEN NAME Sarah Housley		14. NAME OF HUSBAND OR WIFE Mable (Pruett) Owens	
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 Mable Owens
Address Norwood, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INANITION AND Debilitation	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) CARCINOMATOSIS	
DUE TO (c) PRIMARY CARCINOMA of The Liver		INTERVAL BETWEEN ONSET AND DEATH 4 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year		
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 Feb 18-1962 to April 25-1962 and last saw him alive on April 24-1962 Death occurred at 3:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard G. Mitchenko DO		22b. ADDRESS Mtn. Grove, Mo	22c. DATE SIGNED 4-28-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-27-1962	23c. NAME OF CEMETERY OR CREMATORY Oakgrove Cemetery	23d. LOCATION (City, town, or county) (State) Norwood, Wright, Missouri
24. FUNERAL DIRECTOR Ewell C. Craig		ADDRESS Mtn. Grove, Missouri	25. DATE RECD. BY LOCAL REG. 5-7-62 26. REGISTRAR'S SIGNATURE Hurstardwick m. D.

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 *Levell C. Carney*

Licensed Embalmer No. 4766

P. O. Address *Mtn Grove*

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.