

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029028

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED JUL 31 1962

1003

7026

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 5 DAYS	c. CITY OR TOWN KIRKSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1202 S. Ann Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARVIN W. OWNBEY			4. DATE OF DEATH Month Day Year 7/16/62
5. SEX MALE	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 4/13/31
9. AGE (last birthday) 31		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Yarrow, Mo.	11. BIRTHPLACE (City and state or country) U. S. A.
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME James W. Ownbey	
13b. MOTHER'S MAIDEN NAME Gladys Pinkerton		14. NAME OF HUSBAND OR WIFE BUELAH OWNBEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN		17. INFORMANT Address BUELAH OWNBEY (WIDOW) SEE #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) HEPATIC COMA			
DUE TO (b) LIVER CIRRHOSIS			
DUE TO (c) A) PREVIOUS INFECTIOUS HEPATITIS B) DIABETES MELITUS			
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"/> No <input type="checkbox"/> Unknown
260X			
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 s.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 VA 7/11/62 to 7/16/62 and last saw the him alive on 7/16/62		Death occurred at 9:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>A. Ahadi</i> A. AHADI		(Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 7/16/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 7-19-62	23c. NAME OF CEMETERY OR CREMATORY Union Temple Cemetery		23d. LOCATION (City, town, or county) (State) Adair Co., Missouri
24. FUNERAL DIRECTOR Dee Riley Funeral Home, Kirksville, Mo.		25. DATE REG. BY LOCAL REG. JUL 17 1962	26. REGISTRAR'S SIGNATURE <i>Coald Smith M.D.</i>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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AUG 1 1967

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 Stanley H. Dixon

Licensed Embalmer No. 24193

P. O. Address St. Louis

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.