

96 REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15459
Do not use this space.

1. PLACE OF DEATH

(a) County Usage Registration District No. 643
 (b) Township Jefferson Primary Registration District No. 585-2 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Howard Louis Owens
 (a) Residence, No. _____ St. Stolpe, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1920
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Sterling Mo.

FATHER 13. NAME Louis Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Hill Mo.

MOTHER 15. MAIDEN NAME Lola Prater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries County Mo.

17. INFORMANT (ADDRESS) Louis Owens Stolpe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Giedinghagen Cem. DATE Nov. 15, 1937

19. FUNERAL DIRECTOR (ADDRESS) S. G. Licklider Belle, Mo.

20. FILED May 10 38 Leona Johnson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1937 to 11-13-37, 1937
 I last saw him alive on Nov. 13, 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Accidental Gun Shot wound Date of onset 11-13-37
173-
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis Symptoms (Was there an autopsy?) no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 11-13-1937
 Where did injury occur? Usage Co., Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home
 Manner of injury gun shot
 Nature of injury gun shot in brain

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Dr. R. C. Farrell M. D. Belle, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, S. G. Hickler, Licensed Embalmer No. 3359

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed S. G. Hickler

Licensed Embalmer No. _____

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.)