

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

44985
Do not use this space.

1. PLACE OF DEATH

(a) County Webster Registration District No. 200

(b) Township Niangua Primary Registration District No. 6207

(c) City _____ (d) Street No. _____

(e) Length of residence in city or town where death occurred X yrs. 6 mos. X ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

2. PRINT FULL NAME Daisy Syble Owens

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert D. Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 13, 1879

7. AGE YEARS 60 MONTHS 6 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hogan Co. Kansas

FATHER

13. NAME Benjamin Franklin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

MOTHER

15. MAIDEN NAME Sarah Batch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Albert D. Owens
(ADDRESS) Niangua, Missouri

18. BURIAL, CREMATION OR REINTERMENT
PLACE Good Springs DATE July 26, 1939

19. FUNERAL DIRECTOR (NAME) Rex Rainey
(ADDRESS) Marshfield, Missouri

20. FILED Dec 19, 1939 Mrs. W. S. Schlicht
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-9, 1939 to 7-24, 1939

I last saw him alive on 7-13, 1939. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

myocarditis with
phlebotomy + enlarged
heart

Date of onset _____

Other contributory causes of importance: 121

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. M. Purday M. D.
Conway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
U. S. NO. 2.
50M-1-12-38
I X14028

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.

RECEIVED

District Health Officer No. 6,

District File Number 1237-2629

Date Filed DEC 22 1939

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 _____

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

Signed _____

Licensed Embalmer No. 3312

P. O. Address Marshfield

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 this body is not embalmed, above space should be left blank.