

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 17889Registration District No. 328Primary Registration District No. 3017

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Wright Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME Alta Olave Owens3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. None4. Sex Female / 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Single6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased Aug. 18 1899  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
41 8 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name Andrew Owens13. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Sarah B. Dean15. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Sarah B. Owens(b) Address Mill Grove, Mo.17. (a) Burial (b) Date thereof April 26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Harris18. (a) Signature of funeral director Walter Annual Home(b) Address Princeton, Mo.19. (a) 4-24-41 (b) Dennis B. Jain  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. S. East of Princeton, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day April  
year 41 hour \_\_\_\_\_ minute 2:30 A. M.21. I hereby certify that I attended the deceased from Jan  
\_\_\_\_\_, 1935, to April 24, 1941,  
that I last saw her alive on April 24th, 1941,  
and that death occurred on the date and hour stated above.Immediate cause of death Acute dilatation of <sup>Duration</sup>  
stomach with extreme shock following  
removal of a 53 lb. ovarian cyst  
left side; but completely filling  
abdomen.Due to Had also had 6 paracentesis  
abdominalis in past 5 years, free  
Other conditions abdominal ascites from  
atrophic cirrhosis of liver.Major findings: 53 lb. cyst left ovary  
Of operations removed 8 a.m. Apr. 23, 1941  
Of autopsy Acute dilatation  
stomach.

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. S. Bristow A. S. Bristow  
Bristow Bldg. (M. D. or other, No. Do) 4/24/41  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Further information:-

The free fluid which had been drawn from this patient in times past; Missouri Methodist Hospital, St. Joseph, Mo. was true ascitic fluid according to laboratory findings. Last paracentesis two months ago found the same kind of fluid in much smaller amount; withdrawal of which only emptied the lower part of the abdomen; and after which the large cyst was outlined.

The fluid evacuated from the cyst at time of removal was of a different character altogether than the ascitic fluid.

*A. S. Bristow, M.D.*

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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

*H. Lewis Martin*

Licensed Embalmer No.

*3760*

P. O. Address

*Trinceton 7th*

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.