

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 13 1942

Registration District No. 115 Primary Registration District No. 115

Registrar's No. 752

1. PLACE OF DEATH: St Louis

(a) County.....St Louis

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

(c) Name of hospital or institution:
6256 Olive ST Rd Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....1 Yr
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....MO (b) County.....St Louis 96

(c) City or town.....University City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No.....6256 Olive St Rd 5
(If rural, give location)

(e) Citizen of foreign country?.....NO (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME John Carol Owings

3. (b) If veteran, name war No 3. (c) Social Security No.....No

4. Sex 0 M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....July 13 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>19</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace.....Truxton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....Ret Farmer

11. Industry or business.....

MOTHER FATHER

12. Name.....Isac Owings 1

13. Birthplace.....Unk 1
(City, town, or county) (State or foreign country)

14. Maiden name.....Ada Sutton 9

15. Birthplace.....Unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant.....Alex P Owings

(b) Address.....6256 Olive St Rd

17. (a) Burial (b) Date thereof.....4/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....Truxton Mo

18. (a) Signature of funeral director.....Alexander's Sons

(b) Address.....6175 Delmar

19. (a) APR 3 1942 (b) E. W. Mc Laran Mo
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-20 1942 to 4-2 1942
that I last saw him alive on 4-1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....Carcinoma of prostate gland D.K with calcification
Disrupting liver, lungs and other organs of body
Due to.....518
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations.....Carcinoma of the prostate gland
Of autopsy.....none

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify).....7
(b) Date of occurrence.....7
(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?

While at work?..... (Specify type of place) (City) (State) Means of injury.....7

23. Signature.....John A. Rogers (M. D. or other) 0
Address.....6693 Delmar Date signed.....4-24-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 22 1950

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 Raymond L Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Geo. E McCulloh
Licensed Embalmer No. 2460
P. O. Address 6175 Delmar
St. Louis, Mo.

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, fact should be so stated above.