

*Robnett*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17350**  
Registrar's No. **127**

FILED JUN 12 1948  
Registration District No. **2**

Primary Registration District No. **3006**

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hospital **O**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks  
In this community 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone **10**

(c) City or town Columbia  
(If outside city or town limits, write "RURAL") **2**

(d) Street No. 1411 Windsor St.  
(If rural, give location) **11**

(e) Citizen of foreign country? No (Yes or No) **T**  
If yes, name country                     

3. (a) PRINT FULL NAME OLIVER CARTER OWEN

3. (b) If veteran, name war None

3. (c) Social Security No.                     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1943 hour 12:15 minute P. M.

4. Sex Male **O**

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Opal

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

7. Birth date of deceased 10 - 7 - 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 24 1943 to May 6 1943, that I last saw him alive on May 6 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 6 Days 29  
If less than one day                      hr.                      min.

Immediate cause of death Uremia **1 WK**

9. Birthplace Boone County Missouri **O**  
(City, town, or county) (State or foreign country)

Due to Hypertension **10 yrs**

Due to Chc nephritis **10 yrs**

Due to Chc Cholelithiasis **10 yrs**

10. Usual occupation Retired Merchant

Other conditions                       
(Include pregnancy within 3 months of death)

11. Industry or business                     

Major findings: Chc Cholelithiasis **PHYSICIAN**  
Of operations Hypertension gall bladder  
Of autopsy                       
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name D.L. Owen

{ 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sophia Emeline Carter

{ 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O.C. Owen

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

(a) Accident, suicide, or homicide (specify)                     

(b) Date of occurrence                     

(b) Address 1411 Windsor St., Columbia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Barbara H. Barlow

(b) Address Columbia, Mo.

19. (a) 5-10-43 (Date received local registrar) (b) E. Edna H. Barlow (Registrar's signature)

(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?                     

White of words                      (Specify type of place) (c) Means of injury                     

23. Signature                      (M. D. or other) **MD**  
Address Columbia Mo Date signed 5/8/43

**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 *M. W. Whitfield*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Columbia*.....

**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.**