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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 30 1948

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. [redacted] 2000

State File No. 25985

Registrar's No. 700

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1701 W. Bodine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 43 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1701 W. Bodine
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

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2
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0

3. (a) PRINT FULL NAME Terry O. Owens

3. (b) If veteran, name war X

3. (c) Social Security No. 522-16-9294

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lula Owens

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

7. Birth date of deceased June (Month) 11 (Day) 1900 (Year)

8. AGE: Years 48 | Months 2 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Norwood (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Labor

11. Industry or business ____

FATHER
12. Name John M. Owens
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 1

MOTHER
14. Maiden name Emma Owen
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Otis Owen

(b) Address Mt. Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove - Cem.

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo.

19. (a) 8/23/48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1948 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from Unattended by a physician, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death probably coronary occlusion

Due to ____

Due to ____

Other conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN
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) ____

(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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature W. E. Handley MD local registrar (M. D. or other)
Address Springfield Mo Date signed 8/23/48

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 2 1948

NOV 16 1948

OCT 22 1948

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 L McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.