

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. .... 642

BIRTH NO.		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u> Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>3 1/2 miles RR # 11 Liberty</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Gallatin</u>		OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gallatin Township</u>			d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles West of Liberty</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wesley</u>		b. (Middle) <u>Valentine</u>	c. (Last) <u>Owens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 / 18 / 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 8, 1869</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton County, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ruben Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Tisha Choke</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. J. Owens Liberty, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Death by</u>  ANTECEDENT CAUSES DUE TO (b) <u>Freezing. Found in</u> DUE TO (c) <u>Field by neighbor</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>94341</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>012</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Clay Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-18-49</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Food in esophagus</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. L. Pate M.A. Coroner</u>			23b. ADDRESS <u>North Kansas City Mo</u>		23c. DATE SIGNED <u>1/20/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/22/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 22 - 1949</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchen</u>		25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>Liberty, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 81

District File Number .....

Date Filed 2-9-49 .....

STATEMENT BY LICENSED EMBALMER

*not embalmed*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or~~ by .....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*[Signature]*

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.