S. No. 300
v. 10.48

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

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12998

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-65-2 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove RR, Ozark
c. LENGTH OF STAY (In this place): Native
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove, R.R. Ozark
d. STREET ADDRESS (If rural, give location): — 4-1-49

3. NAME OF DECEASED (Type or Print)
a. (First): Elbd
b. (Middle):
c. (Last): Owens

4. DATE OF DEATH (Month) (Day) (Year)

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-27-1864
9. AGE (In years last birthday): 85 — If under 1 year: Months 0, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Clay Co. Ill.
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: Jim Porter
13b. MOTHER'S MAIDEN NAME: Mary E. Moore
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nan White
ADDRESS:

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) Asterior Schlerosis — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) 45 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic diarrhea. Acute Bronchitis.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1, 1940, *to* April 1, 1949, *that I last saw the deceased alive on* April 1, 1949, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. M. Clark, M.D.
23b. ADDRESS: Halltown, Mo.
23c. DATE SIGNED: Apr. 2-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-3-1949
24c. NAME OF CEMETERY OR CREMATORY: Garroutte
24d. LOCATION (City, town, or county) (State): N.E. Halltown Mo.

DATE REC'D BY LOCAL REG.: 4-9-49
REGISTRAR'S SIGNATURE: W. S. Barnes M.D. 158
25. FUNERAL DIRECTOR'S SIGNATURE: Morris-Lemon Miller Mo
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 449-482
Date Filed 4-28-49

MAY 2 1949

MAY 3 1949

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~~ ....., Student Embalmer No. ....., working under my personal supervision.

Signed G. R. Lemon

Signed ..... Student Embalmer

Licensed Embalmer No. 3297

P. O. Address Miller 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.