

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15457**

FILED MAY 16 1949

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3026 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Union</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>722 S. Oak Str</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>			
3. NAME OF DECEASED a. (First) <u>Mabel</u> b. (Middle) <u>Ray</u> c. (Last) <u>Owens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7th 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 24th 1900</u>
9. AGE (In years last birthday) <u>48</u>		MONTHS <u>8</u>	IF UNDER 1 YEAR Days <u>13</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Chamouis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>R.O. Wilson.</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Branson.</u>	
14. NAME OF HUSBAND OR WIFE <u>Alva Owens.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>497-09-7967</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Alva Owens</u>		ADDRESS <u>Union Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous, generalized</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Mo</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Metastatic malignancy Lung, ribs, spine & pteches</u>	
		DUE TO (c) <u>Carcinoma, left breast</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, left breast (4 1/2 yrs ago)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7/31</u> , 19 <u>48</u> , to <u>5/7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/7</u> , 19 <u>49</u> , and that death occurred at <u>8:17 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Michael S. Huppich, M.D.</u> (Degree or title)		23b. ADDRESS <u>Washington, Mo</u>	
23c. DATE SIGNED <u>5/9/49</u>			
24a. BURIAL, CREMATION/REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/10/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Union Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>May 9 1949</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. F. Oltmann Union Mo</u>	

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

36
4
2

RECEIVED
District Health Officer No. 9,
District File Number MAY 17 1949
Date Filled _____

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.

Student
Student Embalmer

Signed E. F. Ottman

Licensed Embalmer No. 1686

P. O. Address Union 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.