

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16542**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **37694** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chillicothe Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Chillicothe Twp.	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 1 mile east of Chillicothe	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1 mile east of Chillicothe			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) LaMonte c. (Last) Owens			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1900	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Owner	10b. KIND OF BUSINESS OR INDUSTRY Farm Equipment	11. BIRTHPLACE (State or foreign country) Pickering, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ralph Owens	13b. MOTHER'S MAIDEN NAME Rose LaBar	14. NAME OF HUSBAND OR WIFE Irene Kriner Owens
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Irene Kriner Owens ADDRESS RR. Chillicothe, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **June 2, 1947**, to **May 3, 1949**, that I last saw the deceased alive on **May 3, 1949**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Calhoun M.D. (Degree or title)	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 5/4/1949
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24a. BURIAL-CREMATATION-REMOVAL (Specify) Burial	24b. DATE 5-6-49	24c. NAME OF CEMETERY OR CREMATORY Edgewood	24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.
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DATE REC'D BY LOCAL REG. May-5-49	REGISTRAR'S SIGNATURE Frances B. Neel	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home ADDRESS Chillicothe, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MISSOURI BOARD OF HEALTH
DEPARTMENT OF HEALTH

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

Joseph M. Gibson

Student Embalmer No. _____

working under my personal supervision.

Signed Joseph M. Gibson
Student Embalmer

Signed Elton J. Rouman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.