

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 15 1949

State File No. **16557**

BIRTH NO. _____		REG. DIST. NO. <u>193</u>		PRIMARY REG. DIST. NO. <u>4306</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give town) Goodman			c. LENGTH OF STAY (In this place) 30 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Goodman			d. STREET ADDRESS (If rural, give location) Home
d. FULL NAME OF HOSPITAL OR INSTITUTION Home							
3. NAME OF DECEASED (Type or Print) a. (First) Oleo		b. (Middle) McDonald		c. (Last) Owsley		4. DATE OF DEATH (Month) (Day) (Year) April 7 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 23, 1885		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Bethpage, McDonald Co. Mo.			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert McDonald		13b. MOTHER'S MAIDEN NAME Laura Best		14. NAME OF HUSBAND OR WIFE William Jessie Owsley <i>deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oecil Owsley Goodman, Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of Respiratory Center</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral & Pontine Hemorrhage</u> DUE TO (c) <u>Cerebral Thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 3/4
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (m.)		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>March 17, 1949</u> , to <u>April 7th</u> , 1949, that I last saw the deceased alive on <u>April 7th</u> , 1949, and that death occurred at <u>6:50 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold C. Ward, D.O.</u>				23b. ADDRESS <u>Goodman, Mo.</u>		23c. DATE SIGNED <u>April 11, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/10/1949	24c. NAME OF CEMETERY OR CREMATORY Owsley Cemetery		24d. LOCATION (City, town, or county) (State) McDonald Co. Missouri			
DATE REC'D BY LOCAL REG. 4-14-49		REGISTRAR'S SIGNATURE <u>Mrs. Fred W. Smith</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John B. Robinson Goodman, Mo.</u>			

(Licensed Embalmer's Signature on Reverse Side)

No. 300
10.48

60000

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

DEC 23 1954

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 _____

John B. Papinian

Signed _____
Student Embalmer

Licensed Embalmer No. 4446

P. O. Address Hardman, N.C.

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.