

FILED AUG 1 1948

STANDARD CERTIFICATE OF DEATH

State File No. 24395

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

BIRTH NO. _____ REG. DIST. NO. ~~439~~ ²⁹⁰ PRIMARY REG. DIST. NO. ~~290~~ ⁴⁴²⁷ Registrar's No. ⁹⁴

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. LENGTH OF STAY (in this place) 4 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		d. STREET ADDRESS (If rural, give location)					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) Lela		a. (First)	b. (Middle) May	c. (Last) Owens	4. DATE OF DEATH (Month) (Day) (Year) July 18 1949					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 28, 1898	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 2	IF UNDER 10 HRS. Days 20	Hours	Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sherman, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John A. Evans			13b. MOTHER'S MAIDEN NAME Elizabeth Gary		14. NAME OF HUSBAND OR WIFE Oscar S. Owens					
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. 515-22-5224		17. INFORMANT'S SIGNATURE OR NAME Oscar S. Owens					ADDRESS Waynesville, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 201X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 Jan 1919, July 18, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 70, from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS Waynesville Mo			23c. DATE SIGNED 7/18/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/20/49	24c. NAME OF CEMETERY OR CREMATORIUM Waynesville Memorial		24d. LOCATION (City, town, or county) Waynesville, Missouri			(State)		
DATE REC'D BY LOCAL REG. 7-26-49		REGISTRAR'S SIGNATURE Thelma C. Buck			549 FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedges		ADDRESS Iberia, Mo.			

REC'D JUN 19 1958

JUL 26 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 _____

Walter P. Hedges

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.