

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34769**

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <b>294</b>	PRIMARY REG. DIST. NO. <b>6008</b>	Registrar's No. <b>226</b>
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Higbee Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Higbee Mo</b> <b>Prairie</b>		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <del>Willard Owen</del>		d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		
a. (First) <b>Willard</b>		b. (Middle) _____		c. (Last) <b>Owen</b>
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>
8. DATE OF BIRTH <b>Jan 22 1865</b>		9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>
11. BIRTHPLACE (State or foreign country) <b>Randolph Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>		
13a. FATHER'S NAME <b>Joel Owen</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Pagsdall</b>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Pete Gruber</b> ADDRESS <b>Higbee Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of prostate</b>		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
DUE TO (c) _____		DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 <b>Oct 7, 1949</b> , to <b>Oct 10, 1949</b> , that I last saw the deceased alive on <b>Oct 10, 1949</b> , and that death occurred at <b>7 A. M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>V. J. Robinson</b> (Degree or title) <b>D.D.</b>		23b. ADDRESS <b>Higbee, Mo.</b>		23c. DATE SIGNED <b>10-11-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Oct 12 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>
24d. LOCATION (City, town, or county) <b>Higbee</b>		24e. (State) <b>Mo</b>		
DATE REC'D BY LOCAL REG. <b>Oct 12 49</b>		REGISTRAR'S SIGNATURE <b>Seal Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Burton Funeral Home</b> ADDRESS <b>Higbee Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 17 1949

District Health Officer No. 1

District File Number 10-49-178

Date Filed OCT 17 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.

Student .....  
Student Embalmer

Signed *E. J. Hemmuth* \_\_\_\_\_

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.