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

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 48975

BIRTH NO. 5970-49 REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Vernon ass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sheldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sheldon</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If usual, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LESLIE</u>	b. (Middle) <u>HOWARD</u>	c. (Last) <u>OWEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>2-15-49</u>	9. AGE (In years last birthday) <u>10</u> IF UNDER 1 YEAR Months <u>10</u> IF UNDER 24 HRS. Days <u>10</u> Hours <u>10</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lamar, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Earnest Owen</u>	13b. MOTHER'S MAIDEN NAME <u>Thelma Giger</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Earnest Owen</u> ADDRESS <u>Sheldon</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Congenital malformation of throat</u> DUE TO (c) <u>Case history</u>		
II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>7544</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I ~~last~~ <sup>never</sup> saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Thurman, Coroner</u> (Degree or title)	23b. ADDRESS <u>Nevada Missouri</u>	23c. DATE SIGNED <u>12-28-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 9, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Thurman</u> ADDRESS <u>Sheldon</u>
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RECEIVED

District Health Officer No. 7,

District File Number 12-49-1953

Date Filed 1-16-50

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

*L. Gerald Beeny*

Licensed Embalmer No. 4263

P. O. Address Shelton, Md.

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.