

FILED APR 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3121

BIRTH NO. REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4367 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morehouse, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morehouse, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Morehouse, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) (W)	c. (Last) Owings	4. DATE OF DEATH (Month) (Day) (Year) March 22, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept., 24, 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill-worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Callaway County, Ky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Owings	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Mary Owings
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mr. Guy Owings	ADDRESS Morehouse, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbidity 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.		4501

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)	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 1-1, 1950, to 3-22, 1950, that I last saw the deceased alive on 2-22, 1950, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Jm. James M.D.	(Degree or title) M.D.	23b. ADDRESS Morehouse Mo	23c. DATE SIGNED 2-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/23/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park.	24d. LOCATION (City, town, or county) (State) Sikeston, New Madrid, Mo.
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DATE REC'D BY LOCAL REG. 4-7-50	REGISTRAR'S SIGNATURE Thomas M. Sheeter	25. FUNERAL DIRECTOR'S SIGNATURE Taylor Funeral Home, Sikeston, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 6 1950

District Health Officer No. 2

District File Number 450-24

Date Filed _____

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 J. E. McWinkle

Licensed Embalmer No. 4695

P. O. Address Sitaston, Ma.

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.