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

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16517

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REPUBLIC
c. LENGTH OF STAY (In this place): 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): REPUBLIC 0390
d. STREET ADDRESS (If rural, give location): EAST ELM STREET

3. NAME OF DECEASED (Type or Print)
a. (First): LYDIA
b. (Middle): A.
c. (Last): OWEN

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1950

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: July 21, 1879
9. AGE (In years last birthday): 70 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

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): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOEL O'BRYANT
13b. MOTHER'S MAIDEN NAME: SARAH M. SHORT
14. NAME OF HUSBAND OR WIFE: GLEN H. OWEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: GLEN OWEN
ADDRESS: REPUBLIC-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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis

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: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 5/16/50, 19___, *and that death occurred at* 5:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D.
(Degree or title)
23b. ADDRESS: Box 248 Republic, Mo.
23c. DATE SIGNED: 5/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-19-1950
24c. NAME OF CEMETERY OR CREMATORY: EVERGREEN CEMETERY
24d. LOCATION (City, town, or county) (State): Republic Missouri

DATE REC'D BY LOCAL REG.: May 18-1950
REGISTRAR'S SIGNATURE: Florence Britain 105
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris
ADDRESS: Clever Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 50-5-25
Date Filed 5-22-50

AUG 2 1951

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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Signed John Dean Harris

Signed _____
Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, 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.