

FILED NOV 15 1950

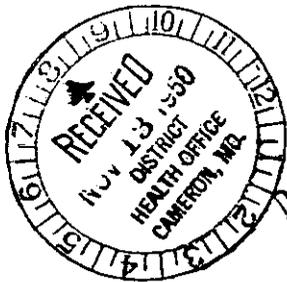
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34276**

740

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

BIRTH NO. _____		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 4384		Registrar's No. 228	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) Skidmore		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Skidmore		d. STREET ADDRESS (If rural, give location) 0743	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (First) George			b. (Middle) W.		c. (Last) Owens		4. DATE OF DEATH (Month) (Day) (Year) 11-6-1950
5. SEX male		6. COLOR OR COMPLEXION white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 2-22-1910	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) 40 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) Parker - Missouri				12. CITIZEN OF WHAT COUNTRY? Am -			
13a. FATHER'S NAME Jacob Owens			13b. MOTHER'S MAIDEN NAME Rebecca Orick			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year and dates of service) Yes WWI		16. SOCIAL SECURITY NO. 493-18-1572		17. INFORMANT'S SIGNATURE OR NAME Reed Owens - Maryville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Smoke Suffocation				INTERVAL BETWEEN ONSET AND DEATH unknown	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				6' 11" 18"	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 074			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-6-50 4A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Smoking Cigarettes in bed			
22. I hereby certify that I attended the deceased from not attended _____, to _____, 19____, that I last saw the deceased alive on Nov 28th _____, 19____, and that death occurred on Nov 28th _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE L. D. Drou MD - Coroner			(Degree or title)		23b. ADDRESS Maryville Mo		23c. DATE SIGNED 11-6-50
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-9-1950		24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem - Skidmore		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. 11-11-50		REGISTRAR'S SIGNATURE Beas Holt 229			25. FUNERAL DIRECTOR'S SIGNATURE Matthewson Maryville		



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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 *G M Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Maryville 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.