

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34418

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5998</u>		Registrar's No. <u>60</u>			
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>"RURAL" YORK TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>XXXX 50YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"RURAL" YORK TOWNSHIP</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUCERNE, MISSOURI</u>				d. STREET ADDRESS (If rural, give location) <u>LUCERNE, MISSOURI</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADAM</u> b. (Middle) <u>LINEAL</u> c. (Last) <u>OWENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 8, 1950</u>						
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEBRUARY 1, 1894</u>		9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>LEWIS OWENS</u>			13b. MOTHER'S MAIDEN NAME <u>CAROLINE BRUNDAGE</u>		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EARL OWENS LUCERNE, MISSOURI</u>		ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUN SHOT WOUND BETWEEN THE EYES, SELF INFLICTED</u> - 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>AT HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>YORK TOWNSHIP PUTNAM Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>OCTOBER 8 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>BY USE OF 410 SHOT GUN</u>					
22. I hereby certify that I attended the deceased from <u>between 9 and 10</u> , 19 <u>50</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles Fowler Corney</u>				23b. ADDRESS <u>3 UNIONVILLE, MISSOURI</u>		23c. DATE SIGNED <u>10/10/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCTOBER 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>YREKA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PUTNAM COUNTY, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>10-14-50</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME BY John J. Comstock</u>		ADDRESS <u>UNIONVILLE, MO.</u>			

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

860 /

10-18-50

Date Received: OCT 18 1950
DISTRICT HEALTH OFFICE
District File Number 10-52
Date Filed: OCT 18 1950

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 John N. Camstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.