

No. 300
10. 48

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34445

State File No. _____

Registrar's No. 243

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6006

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cairo R.R.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cairo R.R.</u>	
c. LENGTH OF STAY (In this place) <u>5 or 4 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Henry</u> c. (Last) <u>Owen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 7 1950</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1867 10-16-1950</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Randolph Co. O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Owen</u>		13b. MOTHER'S M maiden NAME <u>don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Nina Arnick</u>	

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>Mrs. J.R. McAllister</u> ADDRESS <u>Cairo Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND 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) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Jan 4, 1950, to Aug 14, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. T. Whitaker</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Mobile Mo.</u>	23c. DATE SIGNED <u>10-7-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 9, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Prairie</u>
24d. LOCATION (City, town, or county) (State) <u>Cairo Randolph Mo</u>		

DATE REC'D. BY LOCAL REG. <u>Oct 9-50</u>	REGISTRAR'S SIGNATURE <u>Seal Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Thompson</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **OCT 16**
DISTRICT HEALTH OFFICE
District File Number *10*
Date Filed: **OCT 17 1968**

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 *Fred A. Thompson*

Licensed Embalmer No. *1420*

P. O. Address *Truckee, Nev*

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.