

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40234**

BIRTH NO. _____		REG. DIST. NO. <b>99</b>		PRIMARY REG. DIST. NO. <b>1373</b>		Registrar's No. <b>66</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>DEKALB</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>DEWITT</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Camden (RURAL)</b> )		c. LENGTH OF STAY (in this place) <b>LIFE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MAYSVILLE (RURAL)</b>		<b>1320</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <b>ONA</b>		b. (Middle) <b>BELLE</b>		c. (Last) <b>OVENS</b>		<b>DEC. 23 1950</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV. 11-1874</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>DEKALB CO? MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>VIRGIL MCCREA</b>		13b. MOTHER'S MAIDEN NAME <b>IZORA RENNER</b>		14. NAME OF HUSBAND OR WIFE <b>A. B. OVENS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>LILLIAL BRADFORD-MAYSVILLE MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUPLICATE				<b>7 weeks</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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.				<b>10 yrs</b>	
		DUE TO (b) <b>Hypertension</b>				<b>10 yrs</b>	
		DUE TO (c) <b>Atherosclerosis</b>				<b>33ix</b>	
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) (Min.)		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 <b>Jan</b> , 19 <b>43</b> , to <b>12-23</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>12-23</b> , 19 <b>50</b> , and that death occurred at <b>7:45 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Shardell Fowler D.O.</b>				23b. ADDRESS <b>MAYSVILLE MISSOURI</b>		23c. DATE SIGNED <b>12-26-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-26-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>		24d. LOCATION (City, town, or county) (State) <b>MAYSVILLE MO.</b>	
DATE REC'D BY LOCAL REG. <b>12-26-50</b>		REGISTRAR'S SIGNATURE <b>W. Davidson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>PILCHER FUNERAL HOME</b> ADDRESS <b>MAYSVILLE MO.</b>			



**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 \_\_\_\_\_

*Neal R. Dawson*

Licensed Embalmer No. \_\_\_\_\_

*4754*

P. O. Address \_\_\_\_\_

*Mayville, 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.