

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 40275

25

BIRTH NO. _____		REG. DIST. NO. 108		PRIMARY REG. DIST. NO. 5423		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Senath, Mo. COUNTY in					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Senath, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Senath, Mo.		0350			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) Harold			a. (First)		b. (Middle) Ralph		c. (Last) Owen		
4. DATE OF DEATH		(Month) Dec.		(Day) 15		(Year) 50			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-7-1917			
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Senath, Mo.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Chas. Owen			13b. MOTHER'S MAIDEN NAME Eulie Baker			14. NAME OF HUSBAND OR WIFE Virginia Owen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. World war II		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Owen			ADDRESS Senath, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide, Self inflicted with 22 Cal. rifle					INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					22 Cal. rifle		
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Walter A. Hanchey Esq			23b. ADDRESS Kenett Miss			23c. DATE SIGNED 12-15-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-17-50		24c. NAME OF CEMETERY OR CREMATORY Senath, Mo.		24d. LOCATION (City, town, or county) (State) Senath, Mo.			
DATE REC'D BY LOCAL REG. 12-30-50		REGISTRAR'S SIGNATURE Mrs J. Kilmer 91			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDaniel Funeral Ser. Senath, Mo.				

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-3-51

COUNTY FILE NUMBER 154-5

JUL 21 1952

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 _____

[Handwritten Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 4466

P. O. Address [Handwritten Address]

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.