

FILED FEB 12 1951 STANDARD CERTIFICATE OF DEATH

State File No. 698

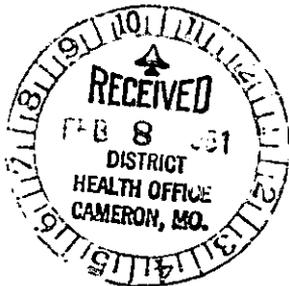
0320

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4/68 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u> 0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home In Town</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Owen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 12, 1876</u>
9. AGE (In years) (last birthday) <u>72</u>		if UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	if UNDER 18 Wks. <u>None</u> Mths. <u>None</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Walnut, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Stafford</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pendleton</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Owen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Owen</u> ADDRESS <u>Maysville Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>malignancy of femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 years</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Coronary insufficiency</u>		<u>3 yrs</u>	
DUE TO (c) <u>Coronary insufficiency</u>		<u>1/201</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary insufficiency</u>		<u>3 yrs</u>	
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)	21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-28</u> , 19 <u>50</u> , to <u>1-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-30</u> , 19 <u>51</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James H. Sweyer</u> (Degree or title)		23b. ADDRESS <u>M.O. Maysville, Mo.</u>	23c. DATE SIGNED <u>2-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Maysville Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-6-51</u>	REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>John Bram</u> ADDRESS <u>Maysville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



FEB 13 1951

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.....
John Be...

Signed.....
Student Embalmer

Licensed Embalmer No..... **3933**

P. O. Address Mayaville 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.