

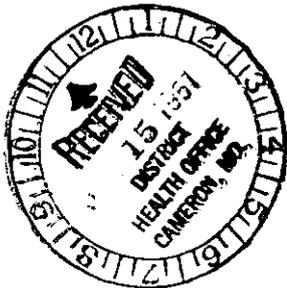
FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1973  
 14  
 Registrar's No.

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) township) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		0742	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 311 So. Buchanan			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) WILLIAMS		c. (Last) OWEN		4. DATE OF DEATH (Month) (Day) (Year) 1 3 51	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3/5/72	
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Ethel, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William Williams		13b. MOTHER'S MAIDEN NAME Winifred Edwards		14. NAME OF HUSBAND OR WIFE George L. Owen, dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. W. B. Owen, Maryville, Mo.			
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) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) general arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of femur				INTERVAL BETWEEN ONSET AND DEATH 1 wk	
19a. DATE OF OPERATION 12-29-50		19b. MAJOR FINDINGS OF OPERATION Fracture neck of femur				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE-HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maryville Nodaway Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-23-1950 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in bathroom			
22. I hereby certify that I attended the deceased from Dec. 24, 1950, to Jan. 3, 1951, that I last saw the deceased alive on Jan. 2, 1951, and that death occurred at 12:15 p.m., from the causes and on the date stated above.							
23a. SIGNATURE J. A. Bleemer				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 1/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/5/51		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 1-13-51		REGISTRAR'S SIGNATURE Beas Holt		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.		ADDRESS	

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



APR 18 1957

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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..... *Robert L. Senter* .....

Signed.....

Student Embalmer

Licensed Embalmer No. *4782* .....

P. O. Address *Maryville 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.