

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22156**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 743

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>20 Min.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph Rural 0110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dead on arrival St. Hosp. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>R. R. #2</b>	

3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>	a. (First)	b. (Middle) <b>VAN</b>	c. (Last) <b>OWENS Sr</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 10 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 18, 1904</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad CGW</b>	11. BIRTHPLACE (State or foreign country) <b>Jonesville, Va.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>John G. Owens</b>	13b. MOTHER'S MAIDEN NAME <b>Martha E. Snodgrass</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie M.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>708-10-6114</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie M. Owens</b>	ADDRESS <b>St. Joseph, Mo. Rt. #2</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Electrocution</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Man was accidentally electrocuted with the extension cord in his garage on account of his wet clothing and wet ground on which he was standing 11</b>		<b>69140-22</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cord in his garage on account of his wet clothing and wet ground on which he was standing 11</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>ground on which he was standing 11</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY-TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Washington Buchanan Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 10 - 1951 11:35 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Electricity from the garage extension cord</b>
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22. I hereby certify that I attended the deceased **7/11 1951**, to **St. Joseph, Mo.**, that **death occurred at 11:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mundy M.D. (Coroner)</b>	23b. ADDRESS <b>St. Joseph Mo</b>	23c. DATE SIGNED <b>7/11/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 13, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 17, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stamey Funeral Home, St. Joseph, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

17  
3

**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.

Signed \_\_\_\_\_

*E. J. Thomas*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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.