

FILED AUG 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27350

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5595 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Jackson 0480		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural "Washington" (township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belton 0190	
c. LENGTH OF STAY (In this place) 9 mo.		d. STREET ADDRESS (If rural, give location) 101 East Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hickman Mills			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle)	c. (Last) Owen	4. DATE OF DEATH (Month) (Day) (Year) August 2, 1951
-------------------------------------	------------------	-------------	----------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 11, 1864	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
-------------	------------------------	--	---------------------------------	------------------------------------	-------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Civil Engineer	10b. KIND OF BUSINESS OR INDUSTRY Kansas City, Mo.	11. BIRTHPLACE (State or foreign country) Altoona, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13a. FATHER'S NAME Crate Owen	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Haggard	14. NAME OF HUSBAND OR WIFE Lillie Owen
-------------------------------	--	---

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 Harry Owen, Hickman Mills, Mo.	ADDRESS
---	------------------------------	--	---------

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 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum with terminal hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 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 June 21, 1951, to Aug 2, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Annie G. Hodges	23b. ADDRESS D.O. Hickman Mills Mo	23c. DATE SIGNED 8/3/51
--	------------------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/4/51	24c. NAME OF CEMETERY OR CREMATORY Forrest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	------------------	---	---

DATE/REC'D BY LOCAL REG. 8/3/51	REGISTRAR'S SIGNATURE Dr. Annie G. Hodges	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George and Sons, Belton, Mo.
---------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 2 RECD

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.....  
Student Embalmer

Signed

*A. K. George*

Licensed Embalmer No.

*3645*

P. O. Address

*San Diego, Cal.*

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.