

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27441

State File No. \_\_\_\_\_

FILED SEP 6 1951

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4244</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> <u>0490</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carterville</u>		c. LENGTH OF STAY (in this place) <u>20yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carterville</u> <u>0490</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>413 N. Fountain</u>				d. STREET ADDRESS (If rural, give location) <u>413 N. Fountain</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle) <u>HOLMES</u>		c. (Last) <u>OWEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 1951</u>	
5. SEX <u>Male</u> <u>U</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 19, 1855</u>		9. AGE (In years last birthday) <u>96</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Peace Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Policeman</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John J. Owen</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wear</u>		14. NAME OF HUSBAND OR WIFE _____			
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William E. Owen</u> ADDRESS <u>Carterville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collapse</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular Renal Disease</u> DUE TO (c) <u>Degenerations of age</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heat stroke (Aug 4-5)</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>442X F</u>			
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) (Min.) _____		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 <u>Aug 7, 1951</u> to <u>Aug 29, 1951</u> that I last saw the deceased alive on <u>Aug 29, 1951</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. M. Stovmont M.D.</u> (Degree or title)				23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>8/30/51</u> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 2, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roberts Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 30-51</u>		REGISTRAR'S SIGNATURE <u>D. C. Sutchett M.D.</u> <u>137</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> ADDRESS <u>Webb City, Mo.</u>			

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

9-5-51

RECEIVED

Jasper County Health Office

County File Number 51/8/702

Date Filed 9-5-51

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.

Student .....  
Student Embalmer

Signed *Richard Gray Lewis*

Licensed Embalmer No. ....

P. O. 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.