

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30730

State File No. 5-661-33-346(31)  
Registrar's No. \_\_\_\_\_

BIRTH: NO. _____		REG. DIST. NO. <u>17L</u>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> b. CITY OR TOWN <u>Rural - Turnback township</u> c. LENGTH OF STAY (in this place) <u>70 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> c. CITY OR TOWN <u>Rural - Turnback township</u> d. STREET ADDRESS _____		
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>OWENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1951</u>		
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>2</u>	
8. DATE OF BIRTH <u>May 7 - 1879</u>		9. AGE (in years last birthday) <u>73</u>		10. IF UNDER 12 HRS. Months Days Hours Min. <u>3 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>HENRY OWENS</u>		13b. MOTHER'S MAIDEN NAME <u>ETTA BROWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Owens</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-32-5432</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Marie Massey McVernon</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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. <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>4201</u> <u>2 weeks</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 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>8-26, 1951</u> , to <u>8-29, 1951</u> , that I last saw the deceased <u>alive on 8-29, 1951</u> , and that death occurred at <u>OP</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Harold E. George</u>		23b. ADDRESS <u>158 W. O. 2nd Mt Vernon MO</u>		23c. DATE SIGNED <u>Aug 30 '51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>31-57</u>		24b. DATE <u>8-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summit Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>3 1/2 Mi North East Mt Vernon MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jossett F Home</u>		ADDRESS <u>Mt Vernon MO</u>	
DATE REC'D BY LOCAL REG. <u>9-12-51</u>		REGISTRAR'S SIGNATURE <u>W. S. Bussard</u>		158	

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED

Dist. File

Date Filed

~~SEP 18 1951~~

OCT 30 1951

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221-1686

9-18-51

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed H. H. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Md

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.