S. No. 300
v. 10.48

0300
1

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

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30788

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo 0300
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): Belle
c. (Last): Owens

4. DATE OF DEATH (Month) (Day) (Year): 10-29-1951

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W W
8. DATE OF BIRTH: June 22 1879
9. AGE (In years last birthday): 72 — If under 1 year: Months 4, Days 7 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Arkansas 1
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Rashe Krites
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF HUSBAND OR WIFE: Christopher Owens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Opal Edgington — ADDRESS: Buffalo Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Nephritis — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 20 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 59 DX
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-21-, 1951, *to* 10-29, 1951, *that I last saw the deceased alive on* 10-29, 1951, *and that death occurred at* 12:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Bennett (Degree or title): M.D.
23b. ADDRESS: Buffalo, Missouri
23c. DATE SIGNED: 10-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-31-51
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24d. LOCATION (City, town, or county) (State): Buffalo, Mo.

DATE REC'D BY LOCAL REG.: 11/5/51
REGISTRAR'S SIGNATURE: Mrs J. B. Lee 80
25. FUNERAL DIRECTOR'S SIGNATURE: Montgomery-Vaughan — ADDRESS: Buffalo Mo

(Licensed Embalmer) (Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
Rec. 50 NOV 8 1951
Dist. File
Date Filed

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 Clyde Montgomery

Signed.....
Student Embalmer

Licensed Embalmer No. J-3592

P. O. Address Buffalo, 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.