

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1985

S. No. 300
V. 10-48

FILED FEB 4 1952
REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 1
State File No.

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

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon	
c. LENGTH OF STAY (In this place) 3 Wks.		d. STREET ADDRESS (If rural, give location) 407 Malone St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hosp.		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1952	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Taylor c. (Last) Owen		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 3, 1888		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dog Trainer		10b. KIND OF BUSINESS OR INDUSTRY Training Hunting Dogs	
11. BIRTHPLACE (State or foreign country) Callao, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thos. F. Owen		13b. MOTHER'S MAIDEN NAME Addie Rolston	
14. NAME OF HUSBAND OR WIFE Essie L. Owen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I	
16. SOCIAL SECURITY NO. 498-09-2611		17. INFORMANT'S SIGNATURE OR NAME Mrs. Essie L. Owen ADDRESS Macon Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Pulmonary ANTECEDENT CAUSES For advanced DUE TO (b) unknown DUE TO (c) no II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no	
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) 002X	
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 1-4, 1952 to 1-11, 1952 that I last saw the deceased alive on 1-11, 1952 and that death occurred at 4:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE H. O. Cris M.D. (Degree or title)		23b. ADDRESS Macon Mo.	
23c. DATE SIGNED 1-14-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/13/52		24c. NAME OF CEMETERY OR CREMATORY Oakwood	
24d. LOCATION (City, town, or county) (State) Macon, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner ADDRESS Macon Mo.	
DATE REC'D BY LOCAL REG. 1-21-52		REGISTRAR'S SIGNATURE Guth Mcneely	

RECEIVED 1-29-52
MACON COUNTY HEALTH DEPARTMENT
County File No. 1-52-21
Date Filed 2-1-52

FEB 4 1952

FEB 1 1952

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 Thos. L. Ball

Licensed Embalmer No. 1552

P. O. Address Macon, 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.