

FILED JAN 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2352

BIRTH NO.		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 1		
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam				
b. CITY (If outside corporate limits, write RURAL and give town): Unionville, Mo.		c. LENGTH OF STAY (in this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville?, Mo. 0860				
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Clinic & Hospital				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Elsie b. (Middle) Lee c. (Last) Owings			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9 1952					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH 1888-8-16		9. AGE (In years, last birthday) 63	10. UNDER 1 YEAR Months 4	11. UNDER 2 HRS. Hours 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeping and			10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Benjamen F. McKinley			13b. MOTHER'S MAIDEN NAME Mary Elizabeth McCullum		14. NAME OF HUSBAND OR WIFE pm Williams Owings			
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. No		17. INFORMANT'S SIGNATURE OR NAME Edith Duncan, Union Iowa, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia 9-21-52 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chro Cardiovascular DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4433 X					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) (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 Jan 7 1952, to Jan 9 1952 that I last saw the deceased alive on Jan 9, 1952, and that death occurred at 11:45 a. m., from the causes and on the date stated above.								
23a. SIGNATURE Dr. W. C. Galum, D.O. (Degree or title)				23b. ADDRESS Unionville, Mo.		23c. DATE SIGNED 1/10/52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-14-52	24c. NAME OF CEMETERY OR CREMATORY Unionville Cem.		24d. LOCATION (City, town, or county) (State) Unionville, Mo.			
DATE REC'D BY LOCAL REG. 1-17-52		REGISTRAR'S SIGNATURE Maxwell Durbin 266		25. FUNERAL DIRECTOR'S SIGNATURE Husted Bros Unionville		ADDRESS		

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..... *J. O. Hasted*

Signed.....

Student Embalmer

Licensed Embalmer No. *2976*

P. O. Address *Unionville*

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.