S. No. 300
v. 10-48

FILED MAY 14 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12486

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 34

0331

1. PLACE OF DEATH
a. COUNTY Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salem
c. LENGTH OF STAY (in this place) 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None, Home, 204 S. Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Dent
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salem 0331
d. STREET ADDRESS (If rural, give location) 204 S. Jackson

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Paul c. (Last) Owen

4. DATE OF DEATH (Month) (Day) (Year) May 4, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH May 24, 1872
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY R.R. mail clerk
11. BIRTHPLACE (State or foreign country) Indiana /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Owen
13b. MOTHER'S MAIDEN NAME Frances Belliah Beckley
14. NAME OF HUSBAND OR WIFE Adah Owen

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. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Adah Owen, Salem, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 30 mins.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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* 1945, 19__, *to* 5-4-52, 19__, *that I last saw the deceased alive on* 5-3, 1952, *and that death occurred at* 11:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE Jas. [illegible] (Degree or title) D.O.
23b. ADDRESS Salem, Mo.
23c. DATE SIGNED 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 7, 1952
24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery
24d. LOCATION (City, town, or county) (State) Salem, Mo.

DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE M. M. Hart, M.D. by M.E.H.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hobson & Grantham, Salem, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, 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.