S. No. 300
v. 10.48

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13482

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 57

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1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 72 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. Vernon Mo R 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0550
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): MARION
b. (Middle): FRANK
c. (Last): OWENS

4. DATE OF DEATH (Month) (Day) (Year): May 5 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 12 - ~~1880~~ 1884
9. AGE (In years last birthday): ~~72~~ 68 — IF UNDER 1 YEAR: Months 2, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Lawrence Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Owens
13b. MOTHER'S MAIDEN NAME: Etta Brown
14. NAME OF HUSBAND OR WIFE: May Owens

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Herman Owens — ADDRESS: Mt. Vernon 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): Uremic poisoning — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): probable cause of Right Kidney — 6 mo
DUE TO (c): Cerebral Hemorrhage — 2 years

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: 1808
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* April 1, 1952, *to* 5-5-, 1952 *that I last saw the deceased alive on* 5-5, 1952 *and that death occurred at* 11 00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P A Holmes M.D.
23b. ADDRESS: Mt Vernon Mo
23c. DATE SIGNED: 5-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7-1952
24c. NAME OF CEMETERY OR CREMATORY: Summit Cemetery
24d. LOCATION (City, town, or county) (State): 5 mi. No. Mt. Vernon Mo

DATE REC'D BY LOCAL REG.: May 7, 1952
REGISTRAR'S SIGNATURE: Cecil Hendricks 411
25. FUNERAL DIRECTOR'S SIGNATURE: R. H. Hassett, Mt. Vernon Mo — ADDRESS

(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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed H. D. Garrett

Licensed Embalmer No. 2301

P. O. Address Mt. Pleasant 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Lawrence

State File No.
Local Registrar's No. 57

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of June, 194/52 before me appears Walter Owens, who, upon his oath, states that the original record of death for Marion Frank Owens died May 5, 1952, in the State of Missouri, and which was filed at Mt. Vernon, Mo. on May 7, 1952, should be corrected as follows:

Item No. 8 should read Feb. 12, 1884
Instead of Feb. 12, 1880

Item No. 9 should read 68 yrs., 2 mths., 22 days
Instead of 72 yrs., 2 mths., 22 days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Walter Owens Son
Relationship.

Rt. 1, Mt. Vernon, Mo.
Present Address.

Subscribed and sworn to before me this 7th day of June, 194/52

MY COMMISSION EXPIRES APRIL 25, 1954
My Commission expires

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
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I X36667

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