

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30936**  
Registrar's No. **336**

DECEASED **OCT 14 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

#43  
0

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

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>	
c. LENGTH OF STAY (in this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>304 East 6th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callaway Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harriet C. Owen</b> b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 8, 1952</b>
--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>June 5, 1872</b>	9. AGE (in years last birthday) <b>80</b>	IF UNDER 1 YEAR <b>5</b>	IF UNDER 1 HR. <b>3</b>
----------------------	-------------------------------	---	--------------------------------------	---	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fulton, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	---	--

13a. FATHER'S NAME <b>Alfred I Owen</b>	13b. MOTHER'S MAIDEN NAME <b>Emmaline Smith</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. May Foster</b>	ADDRESS <b>304 E. 6th Fulton</b>
--	-------------------------------------	--	----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		<b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac decompensation</b>		<b>3 wks</b>
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pernicious anemia in severe</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Relapse</b>	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) (Minute)	21e. INJURY OCCURRED WHILE AT <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 **October 2, 1952** to **October 8, 1952**, that I last saw the deceased alive on **October 8, 1952**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Patricia J. Lanier, M.D.</b>	23b. ADDRESS <b>607 Court St., Fulton, Mo.</b>	23c. DATE SIGNED <b>10/9/52</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 10 - 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton, Mo.</b>
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Oct. 9 - 1952</b>	REGISTRAR'S SIGNATURE <b>Maritta Lawrence</b> <b>4265</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallace Funeral Home</b>	ADDRESS <b>Fulton, Mo</b>
---	---	--	---------------------------

(Licensed Embalmer's Statement on Reverse Side) **Wallace Funeral Home Fulton Mo**

---

---

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 Demetri C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, md

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.