4		THE DIVISION C	OF HEA	ALTH OF MISSOU	RI			2440
HLEDOCT	6 1 <b>952</b>	STANDARD CI	ERTIF	ICATE OF DEA			ile No	3116
BERTH NO		_ REG. DIST. NO	<u>80</u> ,	PRIMARY REG. DIST.	<u>Б</u> .ом	10 18 Regist	rar's No	76
1. PLACE OF DEA	ATH			2. USUAL RESIDE	ENCE (W	bere deceased live	d. If inst	titution: residenc
a. COUNTY	Dent	···		a. STATE Mo.		b. COUN	$^{ extsf{TY}}$ Ph $\epsilon$	elps
b. CITY (If outside so OR TOWN al	erporate limite, write R	URAL and give c. LENG SEAY first	TH OF	c. CITY (If outside corp OR TOWN ROL	orate limite. 18	write BURAL and		mhip)
HOSPITAL OR	(If not in hospital or in Knox Nurs	natitution, give street address or le	location)	d. STREET ADDRESS U	nknov	give location) VII	<del></del>	1
3. NAME OF	a. (First)	b. (Middle)	<del> ''</del>	c. (Last)	1	4. DATE (	Month)	(Day) (Y
DECEASED	, ,	Washington	B.c	owen		DEATH Sep	. <del> </del>	(Day) (Y) 28,1952
	color or race			8. DATE OF BIRTH		9. AGE (In yests		
M 0	Ä	7. MARRIED, NEVER MARI WIDOWED, DIVORCED (# 1/1100Wed	2	June 9,186		lest hirthday) 80	Months	Days Hours
10a. USUAL OCCUPATIO	ON (Give kind of working life, even if retired)	106. KIND OF BUSINESS O	OR IN- DUSTRY	11. BIRTHPLACE (State),	or foreign ee	untry) U		12. CITIZEN OF COUNTRY?
13a. FATHER'S NAME	1	136. MOTHER'S	MAJDEN	NAME	14. NAM	E OF HUSBAND	OR WIF	
- Um	known	un	leno	wa	Eln	nira Bow	/en(	Deceas
15. WAS DECEASED EVE (Yes, no. or unknown) (II	ER IN U.S. ARMED F		CURITY NO.	17. INFORMANT'S Mrs. Cleve	SIGNA BOWE	ture or na en, Sale	ME m, 1	ADDRE
18. CAUSE OF DEATH			ICAL C	ERTIFICATION				INTERVAL RET
Enter only one cause per line for (a), (b), and (c)	I, DISEASE OR CO	ONDITION CAI	rdio	-vascular r	enal	diseas	8	ONSET AND D
<del></del>	ANTECEDENT CA		A					Trs
*This does not mean the mode of dying, such			Ar	teriosclero		ana		
as heart failure, asthenia, etc. It means the dis-	rise to the above ca the underlying cau	e, if any, gloing DUE TO (b) ause (a) stating use last.  DUE TO (c)	ну	ypertension	i , . ,	, · · · · · · · · · · · · · · · · · · ·	<u> </u>	
case, injury, or complica- tion which caused death.		FICANT CONDITIONS  nating to the death but not see or condition causing death.	1.47					iner
19a. DATE OF OPERATION		DINGS OF OPERATION "	14.	* ^ .4	Indiana.	442	X	20. AUTOPSY
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	21b. PLACE OF INJURY (e.g., in home, farm, factory, street, office bl	orabout idg.,etc.)	21c. (CITY, TOWN, OR 1	TOWNSHIP	• • • • • • • • • • • • • • • • • • • •	INTY)	(STATE)
A	) (Day) (Year) (I	Hour)   21e. INJURY OCCU		21f. HOW DID INJURY	OCCUR?			
21d. TIME (Month) OF INJURY		WHILE AT HOT WE WORK AT WO	ORK 🔲			• • • • • •		· · · · · · · · · · · · · · · · · · ·
OF		™ WORK L ATWO	ORK 🔲 I	1952, to 10:20A from the				it saw the dec d above.
OF INJURY		he deceased from 2 and that death occur	ed at _	23b. ADDRESS	e causes	and on the da	ite stated	d above.  23c. DATE SIG
OF INJURY  22. I hereby certify of your on Service on S	28, 195 1-   24b. DATE	he deceased from 2 and that death occur (perce of 24c. NAME OF CI	ed at _	23b. ADDRESS  Y OR CREMATORY  2	causes	and on the da	n, or coun	d above.  23c. DATE SIG
22. I hereby certify of the constant of the co	24b. DATE  24b. DATE  Sept.30  L REGISTRARS SI	he deceased from 2 and that death occur  24c. NAME OF CO  52 Beaver CO  IGNATURE 73	ed at _	23b. ADDRESS  Y OR CREMATORY  2	causes  24d. LOCAT	and on the da	n, or coun	d above.  23c. DATE SIG

ovi 23 julija

## 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
Vorking under my personal supervision.	Student Embalmer No

Licensed Embalmer No ...

P. O. Address. 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.