

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34178**

S. No. 300
v. 10-48

FILED OCT 20 1952

BIRTH NO. **612805** REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **4038** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Benton b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW c. LENGTH OF STAY (in this place) 1/2 hr d. FULL NAME OF HOSPITAL OR INSTITUTION Benton Co. Clinic		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Benton c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN — 0080 d. STREET ADDRESS (If rural, give location) WARSAW 0	
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3. NAME OF DECEASED (Type or Print) a. (First) DEBRA b. (Middle) NORENE c. (Last) OWEN	4. DATE OF DEATH (Month) (Day) (Year) 10 9 1952
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10-9-1952	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. Months Days Hours Min. — — — 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Warsaw, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Merwin K. Owen	13b. MOTHER'S MAIDEN NAME Barbara Gregory	14. NAME OF HUSBAND OR WIFE —
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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 ADDRESS Merwin K. Owen Walnut Grove
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malformation of Heart ANTECEDENT CAUSES Congenital Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH 30 min
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 7544	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 Oct 9, 1952 to Oct 9, 1952, that I last saw the deceased alive on Oct 9, 1952, and that death occurred at 11:40 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Essentially DO	23b. ADDRESS Warsaw, Mo	23c. DATE SIGNED 10/10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/12/52	24c. NAME OF CEMETERY OR CREMATORY Kristae Cemetery	24d. LOCATION (City, town, or county) (State) Kristae, Missouri
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DATE REC'D BY LOCAL REG. Oct. 13, 1952	REGISTRAR'S SIGNATURE Jas. A. Logan	25. FUNERAL DIRECTOR'S SIGNATURE John Z. Reed	ADDRESS Warsaw, Mo
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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

John F. Reser

Licensed Embalmer No. *4098*

P. O. Address. *Warsaw*

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.