

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6630

State File No.

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3035 Registrar's No. 50

05120

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Johnson.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center.		d. STREET ADDRESS (If rural, give location) 310, E. Market.	

3. NAME OF DECEASED (Type or Print)	a. (First) Theodore	b. (Middle) Clarence	c. (Last) Owen.	4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1953.
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married.	8. DATE OF BIRTH Dec. 15, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney	10b. KIND OF BUSINESS OR INDUSTRY Law office	11. BIRTHPLACE (State or foreign country) Fristo. MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joel Owen.	13b. MOTHER'S MAIDEN NAME Mary Ann Williams.	14. NAME OF HUSBAND OR WIFE Letha Owen.
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Letha Owen.	ADDRESS Warrensburg, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days 8 days 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Prostatectomy DUE TO (c) Prostatic Hypertrophy		
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	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) 610X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-1-1953, to 2-25-1953, that I last saw the deceased alive on 2-25-1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS Warrensburg, Mo.	23c. DATE SIGNED 2-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 28, Feb. 1953	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg. MO.
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DATE REC'D BY LOCAL REG Feb. 25, 1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips.	ADDRESS Warrensburg, MO.
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RECEIVED
MAR 2 1953
JOHNSON COUNTY HEALTH DEPT.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed R. D. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.