

FILED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9586

477

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Hickory</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Jordan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Wetzel Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>0430</u>	
3. NAME OF DECEASED (Type or Print) <u>BEVERLY SUE OWLSLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 16 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Apr. 25, 1950</u>
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>2</u> Days _____	IF UNDER 18 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Claude Owlsley</u>	
13b. MOTHER'S MAIDEN NAME <u>Charlie Phyllis</u>		14. NAME OF HUSBAND OR WIFE <u>Jordan Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Owlsley</u>
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 18. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acidosis</u>		DUPLICATE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE		DUPLICATE	
DUPLICATE		DUPLICATE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUPLICATE		DUPLICATE	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 <u>Mar 15</u> , 19 <u>53</u> to <u>Mar 16</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Mar 16</u> , 19 <u>53</u> and that death occurred at <u>10:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Clinton, Mo</u>	
23c. DATE SIGNED <u>Mar 11 1953</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 18, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cross Timbers Hickory Co. Mo</u>	
DATE REC'D BY LOCAL REG <u>Mar 17-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Brier</u>		ADDRESS <u>Warsaw, Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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. Reese*

Licensed Embalmer No.

*4098*

P. O. Address

*Wasson, 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.