No. 300
10.48

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

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13728

FILED MAY 4 1953 BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 53-48

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARCOLA
c. LENGTH OF STAY (In this place): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 39

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARCOLA 0290
d. STREET ADDRESS (If rural, give location): Highway 39

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ellen
c. (Last): Owens

4. DATE OF DEATH (Month) (Day) (Year): Apr 24-53

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 5, 1877
9. AGE (In years last birthday): 76
If under 1 year: Months: 1 Days: 19
If under 24 hrs.: Hours: – Min.: –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House Keeping
11. BIRTHPLACE (City and State or Foreign Country): Cedar County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Stockstill
13b. MOTHER'S MAIDEN NAME: Elisabeth Gray
14. NAME OF HUSBAND OR WIFE: John Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Owens
ADDRESS: Arcola, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular disease with cardiac insufficiency — INTERVAL BETWEEN ONSET AND DEATH: ? 8.25.52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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: 443X
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8.25. *, 1952, to* 4.23. *, 1953, that I last saw the deceased alive on* 4.23. *, 1953, and that death occurred at* 3:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. B. Richter (Degree or title) M.D.
23b. ADDRESS: Stockton, Missouri
23c. DATE SIGNED: 4-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: APR. 26-53
24c. NAME OF CEMETERY OR CREMATORY: Greenfield Cemetery
24d. LOCATION (City, town, or county) (State): Greenfield, Mo.

DATE REC'D BY LOCAL REG.: 4-28-53
REGISTRAR'S SIGNATURE: J. C. Canada 478
25. FUNERAL DIRECTOR'S SIGNATURE: J. C. Canada
ADDRESS: Greenfield, Mo.

(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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.