

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27541**

0.400
0.48

49326
FILED JUL 30 1953

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>	c. LENGTH OF STAY (In this place) <u>20 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>	<u>1120</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Palmela</u> b. (Middle) _____ c. (Last) <u>Owens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July, 28 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>7-26-1953</u>
9. AGE (In years last birthday) _____		10. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Potosi, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME <u>Alie Marie Owens</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Alie Marie Owens Potosi, Mo</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>3 MD. Foreman</u>		
	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 <u>776x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 No physician, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. Gibson, M.D. Coronar</u>	23b. ADDRESS <u>Potosi Mo</u>	23c. DATE SIGNED <u>7/27/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-28-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SunSet Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Potosi</u>
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DATE REC'D BY LOCAL REG. <u>7/28/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Funeral Home</u>	ADDRESS <u>Potosi, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 28 1956

WASH. COUNTY HEALTH DEPT.

File No. 753-561

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

no Embalmer

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

May M. Smith

Licensed Embalmer No. 4394

P. O. Address Pataskani, 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.