

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27819

State File No.

BIRTH NO. <u>27694</u>		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>960</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2529 So. 13th St.</u>		d. STREET ADDRESS (If rural, give location) <u>2529 S. 13th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>Richard</u> c. (Last) <u>Owens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 30, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 7, 1953</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR <u>2</u> MONTHS <u>24</u> DAYS IF UNDER 1 HR. <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u> C12. COUNTRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Constance Arneson</u>	14. NAME OF HUSBAND OR WIFE <u>-----</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>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William Owens, 2529 So. 13th St., City</u> ADDRESS <u></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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, atypical</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>492X</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>8-30, 1953</u> to <u>8-30, 1953</u> , that I last saw the deceased alive on <u>8-30, 1953</u> , and that death occurred at <u>2:15 p. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Richard M. DeGuzman M.D.</u>		23b. ADDRESS <u>206-7 Kew York Ave. Bldg. St. Joseph Mo.</u>	23c. DATE SIGNED <u>9/1/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/1/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 3, 1953</u>	REGISTRAR'S SIGNATURE <u>K. P. S. - Heather M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orkator - Bowman Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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

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 Richard D. Collins
Student Embalmer

Signed Ernest Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 11th St. J. Ross

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.