S. No. 300
v. 10.48

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

FILED NOV 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38640

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 63

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

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

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

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Feb. 7 1928
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months 9, Days 4; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Buffalo, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Clarence Owens
13b. MOTHER'S MAIDEN NAME: Alice Davis
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Clarence Owens Buffalo, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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: 2040
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* Nov. *, 1953, to* Nov. 11 *, 1953, that I last saw the deceased alive on* Nov. 11 *, 1953, and that death occurred at* 12 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): MD
23b. ADDRESS: Buffalo Mo
23c. DATE SIGNED: 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/13/53
24c. NAME OF CEMETERY OR CREMATORY: Macedonia
24d. LOCATION (City, town, or county) (State): Dallas County, Mo.

DATE REC'D BY LOCAL REG.: 11/16/53
REGISTRAR'S SIGNATURE: Mrs Grace Petree
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clyde Montgomery Buffalo, 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 Blyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.