

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4133

State File No.

3007

Registrar's No. 161

FILED MAR 1 1954

REG. DIST. NO. 43

PRIMARY REG. DIST. NO.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	d. STREET ADDRESS (If rural, give location) 2100 Maude
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST POPLAR BLUFF MO		0124 0	

3. NAME OF DECEASED (Type or Print) George	a. (First)	b. (Middle) Edward	c. (Last) Owens	4. DATE OF DEATH 1-30-54	(Month)	(Day)	(Year)
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-28-1922	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Transport	11. BIRTHPLACE (State or foreign country) Neelyville Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Wiley Owens	13b. MOTHER'S MAIDEN NAME Edith Abington	14. NAME OF HUSBAND OR WIFE Emma Owens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.2	16. SOCIAL SECURITY NO. 500-18-1754	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Owens	ADDRESS Poplar Bluff, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) D.O.A. ANTECEDENT CAUSES DUE TO (b) Death due to coronary DUE TO (c) Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death (Coroner - Verification)		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 2:00 p.m. to 8:30 p.m., 1954, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. A. Markel M.D.	(Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 2-1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-2-54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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DATE REC'D BY LOCAL REG. 2/24/54	REGISTRAR'S SIGNATURE R. W. Muntz	489	25. FUNERAL DIRECTOR'S SIGNATURE Phelps-Leuckel	ADDRESS Poplar Bluff, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

2/26/54

BUTLER CO. HEALTH CENTER

FILE No. _____

MAY 25 1954

MAR 2

1954

MAR 12 1954

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 1-30-

working under my personal supervision.

Student Embalmer No.

Signed

Phil A Leuchel

Signed.....

Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff 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.