

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9253**

FILED **MAR 24 1954**

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 21

5420

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lexington</u> c. LENGTH OF STAY (in this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lexington</u> d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles south of Lexington</u>			
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Owen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 27, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 7, 1877</u>			
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk, Dry Goods</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Dr. John Martin Owen</u>			
13b. MOTHER'S MAIDEN NAME <u>Caroline Whelan</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Lee Moore</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Lee Owen, Lexington, Mo.</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>Chronic myocarditis with fibrosis of lung</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.			INTERVAL BETWEEN ONSET AND DEATH <u>about 3 months</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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>2-20-54</u>, 19<u>54</u>, to <u>22-27-54</u>, 19<u> </u>, that I last saw the deceased alive on <u>2-27-54</u>, 19<u> </u>, and that death occurred at <u>2:45A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Ben H. Brasher, M.D.</u>			23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>3/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>February 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		
24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. E. G. ...</u>				
DATE REC'D BY LOCAL REG. <u>3-4-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. E. G. ...</u>		ADDRESS <u>...</u>		

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1956

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 *Geo. McKean*

Licensed Embalmer No. 2983

P. O. Address Leungton, Missouri

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.