No. 300
0.48

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

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19826

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5898 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: OZARK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dora
c. LENGTH OF STAY (in this place): 81 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESIDENCE OF - ELBERT OWENS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OZARK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0770
d. STREET ADDRESS (If rural, give location): RURAL-Rt. DORA, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): WILEY
c. (Last): OWENS

4. DATE OF DEATH (Month) (Day) (Year): JUN. 19, 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug. 18, 1862
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: ALVIN OWENS
13b. MOTHER'S MAIDEN NAME: Martha Russell
14. NAME OF HUSBAND OR WIFE: Laura Bird Owens.

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.: None
17. INFORMANT'S SIGNATURE OR NAME: ELBERT OWENS, DORA, Mo. — ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) HYPERTENSIVE CARDIO-VAS. DIS. — YEARS
DUE TO (c) HYPERTENSION, ESSENTIAL — YEARS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* SENILITY

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443X
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* 6-15, 1954, *to* 6-19, 1954, *that I last saw the deceased alive on* 6-15, 1954, *and that death occurred at* 1:a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack M. Wiles, M.D.
23b. ADDRESS: West Plains Mo.
23c. DATE SIGNED: 6-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUN. 20, 1954
24c. NAME OF CEMETERY OR CREMATORY: BAHL CEM.
24d. LOCATION (City, town, or county) (State): OZARK Co., Mo.

DATE REC'D BY LOCAL REG.: JUN 28 1954
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE: Hal Thornburgh — ADDRESS: W. PLAINS, 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 Hal Flowers

Licensed Embalmer No. 3408

P. O. Address W. Plains, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.