

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33428

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 54-92

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Greenfield Mo</u>	c. LENGTH OF STAY (in this place) <u>5yrs</u>	c. CITY OR TOWN <u>Greenfield Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Rest Home</u>		. STREET ADDRESS (If rural, give location) <u>So Main St.</u> 0290	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>Malone</u>	c. (Last) <u>Owen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 14, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Teacher</u>	9. AGE (in years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Ashland Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Owen</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Owen</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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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 AND ADDRESS <u>Mrs George T. Coley, 1506 Junior dr Dallas, tx</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis and compensation</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4211</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 27, 1954, to 11-6-, 1954, that I last saw the deceased alive on Oct 27, 1954, and that death occurred at 11:00am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. J. Adams MD.</u>	23b. ADDRESS <u>Mich's via</u>	23c. DATE SIGNED <u>11-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 8, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-11-54</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u> x78	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W.R. Allison Greenfield Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.480290
4

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.....
Signature of Student Embalmer

Signed *W. R. Allison*.....

Licensed Embalmer No. *4*.....

P. O. Address *Greenville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.