

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8705

State File No.

No. 300
10. 48
0550

FILED MAR 21 1955 BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5645 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY LAWRENCE	
b. CITY OR TOWN RURAL ✓		c. CITY OR TOWN AURORA, RURAL	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION THREE MILES South		STREET ADDRESS (If rural, give location) R.F.D. # 2	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) RAYMOND	b. (Middle) A.	c. (Last) OWEN	(Month) MARCH	(Day) 7	(Year) 1955

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH NOVEMBER 2, 1892	9. AGE (In years last b. day) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLASTER & CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BARRY County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Milton Owens	13b. MOTHER'S MAIDEN NAME SARAH Bennett	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. 500-05-4301	17. INFORMANT'S SIGNATURE OR NAME GADLEAN MEDSKER, Aurora, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis		
	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	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 **about** **4:30 P.M.**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Donald E. George, Sr. Lawrence Co. Public Health Officer	(Degree or title)	23b. ADDRESS mt. View, Mo.	23c. DATE SIGNED 3/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 10, 1955	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY	24d. LOCATION (City, town, or county) (State) AURORA, MISSOURI
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DATE REC'D BY LOCAL REG. 3-15-1955	REGISTRAR'S SIGNATURE Ors Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE Ors Mc Natt	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Myself, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Osman L. Harris

Licensed Embalmer No. 3812

P. O. Address Quora

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.