

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21664

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5372 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY DeKalb.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville. (Adams Twp)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville (Adams) Twp.	
c. LENGTH OF STAY (in this place) 14 Yrs.		d. STREET ADDRESS (If rural, give location) 0220	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print)		a. (First) VADA		b. (Middle) ELIZABETH		c. (Last) OWEN		4. DATE OF DEATH (Month) (Day) (Year) June 24 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 31 1902		9. AGE (In years) Last birthday: 53 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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) DeKalb County, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME James Stockton		13b. MOTHER'S MAIDEN NAME Clara Edmondson		14. NAME OF HUSBAND OR WIFE Harold B. Owen	
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.		17. INFORMANT'S SIGNATURE OR ADDRESS Harold B. Owen, Maysville Mo.	

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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis 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 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **4-2**, 19**55**, to **6-24**, 19**55**, that I last saw the deceased alive on **6-24**, 19**55**, and that death occurred at **8:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. D.		23b. ADDRESS Camden Mo.		23c. DATE SIGNED 6-30-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	
24d. LOCATION (City, town, or county) (State) Maysville Mo. (Rural)		25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME		ADDRESS MAYSVILLE MO.	
DATE REC'D BY LOCAL REG. 7-10-55		REGISTRAR'S SIGNATURE Rescue		82-	

(Licensed Embalmer's Statement on Reverse Side)

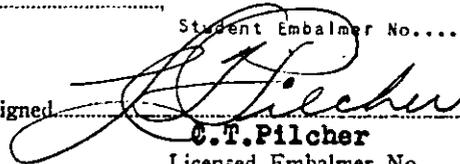
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....


C.T. Pilcher

Licensed Embalmer No..... 3960

Signed.....
Student Embalmer

P. O. Address..... Maysville Mo.

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

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