

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34051**

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 343		Registrar's No. F32			
1. PLACE OF DEATH a. COUNTY St. Elizabeth Hospital b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal c. LENGTH OF STAY (In this place)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion c. CITY OR TOWN Hannibal 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 St. Elizabeth Hospital				STREET ADDRESS (If rural, give location) 912 North St. 0644					
3. NAME OF DECEASED (Type or Print) a. (First) Jesse Owens b. (Middle) c. (Last)			4. DATE OF DEATH 10 31 - 55 (Month) (Day) (Year)						
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 10-17-94			
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Hannibal 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Geo. Owens			13b. MOTHER'S MAIDEN NAME Jessie Gray			14. NAME OF HUSBAND OR WIFE			
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. 490079294		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Della Robinson 912 North St					
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* possible descending aortic aneurysm ANTECEDENT CAUSES Lues Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lues DUE TO (c) 022X II. OTHER SIGNIFICANT CONDITIONS osteoarthritis spine, Bursitis of shoulder				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) Hannibal Marion Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 8/8/55 , 19___, to 10/31/55 , 19___, that I last saw the deceased alive on 10/31/55 , 19___, and that death occurred at 1:30 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) J. H. Watterchick M.D.				23b. ADDRESS Hannibal, Mo		23c. DATE SIGNED 11/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 3-55		24c. NAME OF CEMETERY OR CREMATORY Robinson		24d. LOCATION (City, town, or county) (State) Hannibal Mo.			
DATE REC'D BY LOCAL REG. 11-3-55		REGISTRAR'S SIGNATURE Dw E M Lueders W C Fisher			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W R. Sephus Hannibal Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 9 1955
MARION CO. HEALTH DEPT.
DATE FILED NOV 9 1955

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. Siphus*

Licensed Embalmer No. 342

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.