

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13884

STATE FILE NUMBER

FILED MAY 1 1956

Registration District No. 175 Primary Registration District No. 3096 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AURORA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>AURORA 055</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AURORA Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>328 EAST Church</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CLEVELAND</u> Middle <u>V.</u> Last <u>OWEN</u>			4. DATE OF DEATH Month <u>April</u> Day <u>20</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 27-1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCERY STORE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and state or country) <u>BARRY COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>MILTON OWEN</u>			14. MOTHER'S MAIDEN NAME <u>SARAH BENNET</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>Ansel Owen</u> Address <u>Aurora, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
		DUE TO (c) _____		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4201</u>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>4-19-56</u> to <u>4/20/56</u> and last saw her/him alive on <u>4/20/56</u> Death occurred at <u>9-a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>R. A. Lowan, M.D.</u> (Degree or title)		22b. ADDRESS <u>Aurora Mo.</u>		22c. DATE SIGNED <u>4/22/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-22-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u>	
24. FUNERAL DIRECTOR <u>OSCAR L. MARSH, AURORA, MO.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-28-56</u>	26. REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 22 1956

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         

Licensed Embalmer No. 32

P. O. Address         

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