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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20279**

FILED JUL 13 1956

BIRTH NO.		REG. DIST. NO. <b>132</b>		PRIMARY REG. DIST. NO. <b>3021</b>		Registrar's No. <b>101</b>			
1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>		c. LENGTH OF STAY (in this place) <b>1 MO.</b>		c. CITY OR TOWN <b>Mill Grove</b>		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 <b>Ashbrook Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>0651</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>			b. (Middle) <b>Luther</b>		c. (Last) <b>Owen</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 13 1875</b>		9. AGE (In years last birthday) <b>81</b> IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 10 HRS. _____ MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Owen</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Logan</b>			14. NAME OF HUSBAND OR WIFE <b>Martha Owen</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Claud Owen Mill Grove Mo.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Prostate &amp; Bladder</b> INTERVAL BETWEEN ONSET AND DEATH <b>about 1 year.</b>  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				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) <b>1998</b>					
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 <b>June 24, 1956</b> to <b>June 25, 1956</b> that I last saw the deceased alive on <b>June 24, 1956</b> and that death occurred at <b>9:25 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>E. A. Duffly M.D.</b> (Degree or title)				23b. ADDRESS <b>Director Mo</b>		23c. DATE SIGNED <b>June 26</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 27 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mercer County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>6-29-56</b>		REGISTRAR'S SIGNATURE <b>Gene Fair</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schooler Funeral Home Spickard Mo.</b>					

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

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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 *Ross Wise*.....

Licensed Embalmer No. *37*.....

P. O. Address *Spickard*.....

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.