

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23150**  
64

FILED AUG 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **5287** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CLAY</b>	
b. CITY OR TOWN <b>Rural-Fishing River</b> c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>Excelsior Springs</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>R.R.I Excelsior Springs</b>		e. STREET ADDRESS (If rural, give location) <b>R.R.I Excelsior Springs</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELSIE</b> b. (Middle) <b>A.</b> c. (Last) <b>OWENS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 16 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 14, 1889</b>
9. AGE (In years last birthday) <b>67</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	13a. FATHER'S NAME <b>Haywood Neathington</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Carrol Grover</b>	14. NAME OF HUSBAND OR WIFE <b>C. Owens</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>G.C. OWENS</b> ADDRESS <b>Liberty, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</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. <b>631X</b>		
19a. DATE OF OPERATION <b>6/25/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>cystocele; perineorrhaphy and hemorrhoidectomy</b>		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) _____		
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 <b>6/16/56</b> , 19 <b>56</b> to <b>7/16</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7/15</b> , 19 <b>56</b> , and that death occurred at <b>10:30 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Excelsior Springs, Mo.</b>		23c. DATE SIGNED <b>7/23/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>JULY 16, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8/1/56</b>	REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Church-Archer</b> ADDRESS <b>B. Liberty, Mo.</b>		

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

