

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30259**
 BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154** Registrar's No. **56-56**

1. PLACE OF DEATH a. COUNTY Dade			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Dade		
b. CITY OR TOWN Greenfield		c. LENGTH OF STAY (in this place) 29 years	c. CITY OR TOWN Greenfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION N.W. part of town			STREET ADDRESS (If rural, give location) N.W. part of town		
3. NAME OF DECEASED (Type or Print) a. (First) Ernest		b. (Middle) Warren	c. (Last) Owens	4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1956	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21, 1891	9. AGE (in years last birthday) 65	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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Craig County, Okla.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Warren Owens		13b. MOTHER'S MAIDEN NAME Sarah Ross	14. NAME OF HUSBAND OR WIFE Viola Owens		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Owens; Greenfield, Mo. ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy				INTERVAL BETWEEN ONSET AND DEATH
	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)			
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 9-17 , 19 56 , to 9-20 , 19 56 , that I last saw the deceased alive on 9-17 , 19 56 and that death occurred at 12:25 p m., from the causes and on the date stated above.					
23a. SIGNATURE Sh. C. Canada M.D.			23b. ADDRESS Greenfield, Mo.		23c. DATE SIGNED 9-21-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/23/1956	24c. NAME OF CEMETERY OR CREMATORY Ross Cemetery	24d. LOCATION (City, town, or county) (State) Craig Co., Okla.		
DATE REC'D BY LOCAL REG. 9-21-56	REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada, Greenfield, Mo. ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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 J. C. Canada
Licensed Embalmer No. 4196

P. O. Address Greenfield, W.

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.