

Health,
Welfare
Public
Service

FILED OCT 29 1956

STANDARD CERTIFICATE OF DEATH

33690

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 950-A

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian							
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Billings, RFD 0270		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) St. John's Hosp.			Length of stay in lb 2 weeks		d. STREET ADDRESS (If outside, give location) Polk Twsp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) HARRY DEWEY OWEN				4. DATE OF DEATH Oct. 15, 1956							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 4, 1898		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith & Farmer			10b. KIND OF BUSINESS OR INDUSTRY Frisco Shops		11. BIRTHPLACE (City and state or country) Billings, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Owen				14. MOTHER'S MAIDEN NAME Hattie Keithley							
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. Unknown		17. INFORMANT Address Mrs. Ruth Owen, RFD, Billings, Mo.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction due to arteriosclerotic Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Myopericardial C-V Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) none								INTERVAL BETWEEN ONSET AND DEATH 2 wks. 24 hours			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> none			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from OCTOBER 3, 1956 to OCTOBER 15, 1956 and last saw him him alive on OCT. 15, 1956 Death occurred at 7:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE W. S. Davis, M.D.				22b. ADDRESS 609 Cherry, Springfield, Mo.				22c. DATE SIGNED 10/16/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/17/1956		23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery		23d. LOCATION (City, town, or county) (State) Billings, Missouri					
24. FUNERAL DIRECTOR J. Dean Harris,				ADDRESS Clever, Mo.		25. DATE RECD. BY LOCAL REG. 10-24-56		26. REGISTRAR'S SIGNATURE Edith Williams			

(Licensed Embalmer's Statement on Reverse Side)

5
1958
1958

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. Alan Harris

Licensed Embalmer No. *439*

P. O. Address..... *Clever, Mo.*

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.