

XC-1646 183

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHReg. #18127 FILED NOV 16 1956  
SL #10806

STATE FILE NUMBER

36014

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9640

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN Newburg	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADMINISTRATION INSTITUTION HOSPITAL		d. STREET ADDRESS (If outside, give location) 80 days	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. OWENS			4. DATE OF DEATH Month Day Year October 22, 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 8/30/95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		11. BIRTHPLACE (City and state or country) Rogersville, Mo.	9. AGE (In years last birthday) 61
13. FATHER'S NAME JOHN OWENS		14. MOTHER'S MAIDEN NAME JENNY BREEDLOVE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address VA Hosp. Records, St. Louis, 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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) RUPTURE VISCUS ? INTESTINAL OBSTRUCTION DUE TO (c) DIABETES MELLITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Generalized arteriosclerosis manifested by previous cerebral vascular			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II, if applicable.) embolus.	
20c. TIME OF INJURY a. m. p. m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> VA 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 VA		COUNTY STATE	
21. I attended the deceased from 8/3/56 to 10/22/56 and last saw him alive on 10/22/56 Death occurred at 1:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Shebleton M.D. (Degree or title)		22b. ADDRESS VAH, St. Louis, Mo.	
22c. DATE SIGNED OCT 23 1956			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/23/56	23c. NAME OF CEMETERY OR CREMATORY Newburg, Mo	23d. LOCATION (City, town, or county) (State) Newburg; Mo
24. FUNERAL DIRECTOR ADDRESS Edward Fendler Mortuary 5611 S Grand		25. DATE RECD. BY LOCAL REG. OCT 23 1956	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Harry J. Edmister*  
Licensed Embalmer No. *26*

P. O. Address *5611 S. 4th*

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.