

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4114**FILED MAR 13 1957
BIRTH NO. **13458-56** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **96**1. PLACE OF DEATH
a. COUNTY **Cole**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Osage**b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Jefferson City**c. CITY OR TOWN **Bland**d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Charles E. Shill Orthopaedic Hospital**e. STREET ADDRESS (If rural, give location) **Jefferson Township Osage County**3. NAME OF DECEASED
a. (First) **Michael** b. (Middle) **Steven** c. (Last) **Owens**4. DATE OF DEATH (Month) (Day) (Year) **March 11, 1957**5. SEX **Male**6. COLOR OR RACE **White**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married**8. DATE OF BIRTH **March 21, 1956**9. AGE (In years) (Months) (Days) **11**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Jefferson City, Missouri**12. CITIZEN OF WHAT COUNTRY? **U.S.A.**13a. FATHER'S NAME **William Steven Owens**13b. MOTHER'S MAIDEN NAME **Shelba Jean Bakon**

14. NAME OF HUSBAND OR WIFE

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **William S. Owens Bland, Missouri**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) **Asphyxia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Acute Purulent Tracheo-Bronchitis**
DUE TO (c) **common cold**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.INTERVAL BETWEEN ONSET AND DEATH
12 hr.
1 day
3 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **500X**20. AUTOPSY? YES NO

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) **2**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10 MAR 1957**, to **11 MAR 57**, that I last saw the deceased alive on **11 MAR 57**, and that death occurred at **4:23 am.**, from the causes and on the date stated above.23a. SIGNATURE (Degree or title) **James H. Miller D.O.**23b. ADDRESS **Jefferson city, Mo.**23c. DATE SIGNED **11 Mar. 57**24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**24b. DATE **Mar 13 1957**24c. NAME OF CEMETERY OR CREMATORY **College Hill**24d. LOCATION (City, town, or county) (State) **Osage County, Mo**DATE REC'D BY LOCAL REG. **12 March 1957**REGISTRAR'S SIGNATURE **R. P. Davis, MD - MR.**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Trotter Linn Mo**

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

68

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 *Vernon M. Morton*.....

Licensed Embalmer No. *4123*.....

P. O. Address *Lebanon, 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.