

FILED MAR 18 1957 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Sweet Springs</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		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 <u>Grace Johnson Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>207 BRIDGE ST.</u>	

3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>	a. (First)	b. (Middle) <u>---</u>	c. (Last) <u>OWENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1957</u>
--	------------	------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Sep't. 16, 1876</u>	9. AGE (In years last birthday) <u>80</u>	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) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	--

13a. FATHER'S NAME <u>William Owens</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. B right</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. K. Smith, Sweet Springs, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardiovascular disease</u> DUE TO (c) <u>Benign prostatic hypertrophy.</u>		
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? <u>3</u> 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 Mar 4, 1957, to Mar 14, 1957, that I last saw the deceased alive on Mar 14, 1957, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph H. Jones MD</u> (Degree or title)	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>3-16-57</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 15, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sweet Springs, Mo.</u>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-16-57</u>	REGISTRAR'S SIGNATURE <u>Carl J. Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Parker</u>	ADDRESS <u>Sweet Springs, Mo.</u>
---	---	---	-----------------------------------

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

529

MAR 26 1957

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 

Licensed Embalmer No. 3840.....

P. O. Address Sweet Springs,

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.