

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013062

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Worthington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital			Length of stay in lb	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle L Last Owmbey				4. DATE OF DEATH Month May Day 3 Year 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 12, 1880		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Macon County, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME James Powell Owmbey				14. MOTHER'S MAIDEN NAME Mary Garrett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 190-10-7938A		17. INFORMANT Address Mrs. M. R. Jackson, Kirksville, 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) Uremia							INTERVAL BETWEEN ONSET AND DEATH 14 days
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Secondary to, renal failure, toxemia, etc.							21 days
DUE TO (c) Due to gangrenous gallbladder w/peritonitis							21 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Congestive Heart Failure							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 of item 18.) 585X					
20c. TIME OF INJURY Hour 12:30 Month 12 Day 30 Year 1958 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 April 10, 1958 to May 3, 1958 and last saw him alive on May 3, 1958 Death occurred at 12:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James D. Carter M.D. (Degree or title)				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 5/6/58	
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 5/5/58	23c. NAME OF CEMETERY OR CREMATORY Union Temple Cemetery		23d. LOCATION (City, town, or county) (State) Adair County, Mo.		
24. FUNERAL DIRECTOR Ken W. Long ADDRESS Kirksville, Mo.			25. DATE RECD. BY LOCAL REG. 5-8-1958		26. REGISTRAR'S SIGNATURE Dora W. Raloff		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8961 P I THP

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 *George W. Daval*

Licensed Embalmer No. *47*

P. O. Address *Kirkwood*

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.