

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017280
State File No.

FILED MAY 27 1958

REG. DIST. NO. 27

PRIMARY REG. DIST. NO. 5089

Registrar's No. 79

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Merwin		c. CITY (If outside corporate limits, write RURAL and give township) Merwin	
c. LENGTH OF STAY (in this place) 11 days		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Tree Rest Home			
3. NAME OF DECEASED (Type or Print) a. (First) Maud		b. (Middle) Kate	
c. (Last) Owen		4. DATE OF DEATH (Month) (Day) (Year) 5-14-58	
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 6-15-1871
9. AGE (in years last birthday) 86		10. MONTHS 10	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	
11. BIRTHPLACE (State or foreign country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dr. L. G. Hayes		13b. MOTHER'S MAIDEN NAME Madame Winfrey	
14. NAME OF HUSBAND OR WIFE Edgar Owen (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Tucker, K. C., Mo.	
17. ADDRESS 332 X		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 8 DAYS	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS UNDET.			
DUE TO (c) SENILITY			
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? 2		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 MAY 6 , 1958, to MAY 14 , 1958, that I last saw the deceased alive on MAY 6 , 1958, and that death occurred at 10:00 PM , from the causes and on the date stated above.			
23a. SIGNATURE John M. Cooper		23b. ADDRESS Butler, Missouri	
D (Degree or title) M. D.		23c. DATE SIGNED 5-20-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-58	
24c. NAME OF CEMETERY OR CREMATORY West Point Cemetery		24d. LOCATION (City, town, or county) (State) Bates County, Missouri	
DATE REC'D BY LOCAL REG. May 20-58		REGISTRAR'S SIGNATURE Rendell Kerny	
25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold		ADDRESS Amsterdam, Mo.	

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
Student Embalmer

Signed Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans.

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 this body is not embalmed, fact should be so stated above.