

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026154  
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 34-196 Primary Registration District No. 54-56 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon A.R.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Mt. Vernon 0540</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Hodges Nursing Home</u> Length of stay in lb <u>3 yr.</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charlie</u> Middle <u>Owens</u> Last <u>Owens</u>			4. DATE OF DEATH Month <u>7</u> Day <u>27</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-10-1898</u>	9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and state or country) <u>Hale Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Charles Henry Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Jefferies</u>		14. NAME OF HUSBAND OR WIFE <u>XV</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Edna Brook</u> Address <u>208 Court St. Scott City Kan.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
DUE TO (b) <u>Chl Myocarditis &amp; Hypertrophy</u>		
DUE TO (c) <u>4222 A</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tuln. Hb - Ht. Pneumocystis &amp; Ht. Phreim</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>		

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, factory, street, office bldg., etc.) <u>May 21/1958</u>	20f. CITY, TOWN, OR LOCATION <u>Mt. Vernon, Mo</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>
21. I attended the deceased from Death occurred at <u>11:05</u> on <u>7/24/58</u> and last saw him alive on <u>7/22/58</u> at or of the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Ernest H. Over MD</u>		22b. ADDRESS <u>Mt. Vernon, Mo</u>		22c. DATE SIGNED <u>8/2/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-28-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hale</u>	23d. LOCATION (City, town, or county) (State) <u>Hale Mo.</u>	

24. FUNERAL DIRECTOR <u>Morris - Lewan Millen</u> ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>7-30-58</u>	26. REGISTRAR'S SIGNATURE <u>W. S. Briney</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 E. R. Simon .....

Licensed Embalmer No. 3297 .....

P. O. Address Miller 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.