

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008149  
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 352 Primary Registration District No. 6191 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>TANEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, TOWNSHIP only) OR TOWN <b>FORSYTH</b>		c. CITY OR TOWN <b>JOPLIN</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LAKEVIEW</b>		d. STREET ADDRESS (If outside, give location) <b>211 N CONNOR</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MYRTLE SINCLAIR OWEN</b>		4. DATE OF DEATH Month Day Year <b>2 23 59</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-8-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		11. BIRTHPLACE (City and state or country) <b>BUTLER MO</b>	
13a. FATHER'S NAME <b>ABERHAN SINCLAIR</b>		14. NAME OF HUSBAND OR WIFE <b>WILBUR OWEN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <b>WILBUR OWEN OZARK BEACH</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Arteriosclerosis Hypertension</b> DUE TO (c) <b>Senility</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>4201</b>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <b>5-5-57</b> to <b>2-23-59</b> and last saw her alive on <b>2-23-59</b> Death occurred at <b>1:15 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Mary King, D.O.</b>		22b. ADDRESS <b>Forsyth, Mo.</b>	
22c. DATE SIGNED <b>2-23-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>HEMOGAL</b>		23b. DATE <b>2-23-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>mt Hope</b>		23d. LOCATION (City, town, or county) (State) <b>JOPLIN MO</b>	
24. FUNERAL DIRECTOR <b>STEVE PARKER</b>		25. DATE RECD. BY LOCAL REG. <b>2-23-59</b>	
ADDRESS <b>JOPLIN MO</b>		26. REGISTRAR'S SIGNATURE <b>Helew Campbell</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Arthur Paske* .....

Licensed Embalmer No. *25118* .....  
P. O. Address *Ypsilanti, Mich* .....

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.