URF DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959

59-031824
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 258

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b 15 yo
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 901 E Atchison — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside corp. location) 901 E ~~Atchison~~ Atchison St — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First William Middle Alexander Last Owens

4. DATE OF DEATH Month Sept Day 22 Year 59

5. SEX Male
6. COLOR OR RACE Colored
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH JAN 12 71
9. AGE (last birthday) 88 — IF UNDER 1 YEAR Months 8 Days 10 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY USA.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF ~~HUSBAND~~ OR WIFE Nettie Lester Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT Loretta E. Owens — Address 901 E Atchison Jeff City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Paralysis	4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Thrombosis	72 hrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 3, 1957, to and last saw ~~her~~ him alive on Sept 21, 1959
Death occurred at 1:45 8 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William A Lee Jr. Do.
22b. ADDRESS 500 Lafayette St Jefferson City, Missouri
22c. DATE SIGNED 9/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/24/59
23c. NAME OF CEMETERY OR CREMATORY Long View Cemetery
23d. LOCATION (City, town, or county) Jeff City (State) Mo

24. FUNERAL DIRECTOR Claypool Sen — ADDRESS New Bloomfield Mo
25. DATE RECD. BY LOCAL REG. 23 Sept. 1959
26. REGISTRAR'S SIGNATURE R. P. Dorris, Mr. N Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed LeRoy Clayson

Licensed Embalmer No. 4412

P. O. Address New Bloomf

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.