

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036900

FILED VS. NOV 6 1959

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 332

ENDED

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Mo.			Length of stay in 1b		c. CITY OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 612 Mark Twain		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last Charles Frederick Owen				4. DATE OF DEATH Month Day Year 10/24/59									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/29/1876		9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Toll Collector-Retired				10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.Co.		11. BIRTHPLACE (City and state or country) Decatur, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Owen Owen				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Margaret Owen					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Everett Jones, 612 Mark Twain				Address Hannibal, 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) Cerebral thrombosis, Arteriosclerotic heart disease										INTERVAL BETWEEN ONSET AND DEATH 32 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m.		Month, Day, Year											
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.) 9/23/59			20f. CITY, TOWN, OR LOCATION 10/24/59		COUNTY 10/23/59		STATE				
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ 3:00 A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE M. J. Koller, (Degree or title) M.D. <i>M. J. Koller</i>				22b. ADDRESS 2910 St. Mary's Avenue Hannibal, Missouri				22c. DATE SIGNED 10/27/59					
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 10/26/59		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery				23d. LOCATION (City, town, or county) (State) Hannibal, Mo.					
24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 10/27/59		26. REGISTRAR'S SIGNATURE <i>M. E. Lucke By H. C. Fisher</i>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J M O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.