

FILED VS DEC 15 1959 389

Primary Registration District No. ~~57269~~ Registrar's No. ~~11~~

STATE FILE NUMBER

ENDED

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <i>Callaway</i> | a. STATE <i>Missouri</i> | | b. COUNTY <i>Callaway</i> |
| b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <i>New Bloomfield</i> | Length of stay in 1b <i>Life</i> | c. CITY OR TOWN <i>New Bloomfield</i> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|-------------------------------------|-------------------|-------------------|--------------------|------------------|------------------|--------------|------------------|
| 3. NAME OF DECEASED (Type or print) | First <i>Mora</i> | Middle <i>ANN</i> | Last <i>Owsley</i> | 4. DATE OF DEATH | Month <i>Dec</i> | Day <i>6</i> | Year <i>1959</i> |
|-------------------------------------|-------------------|-------------------|--------------------|------------------|------------------|--------------|------------------|

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|---|-------------------------------|---|---|--|-----------------|----------------|
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>May 31 - 77</i> | 9. AGE (last birthday) <i>82</i> | IF UNDER 1 YEAR | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i> | 11. BIRTHPLACE (City and state or country) <i>Morgan Co Mo</i> | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | Months | Days |

| | | |
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| 13a. FATHER'S NAME <i>Wm Baughman</i> | 13b. MOTHER'S MAIDEN NAME <i>Sarah Finley</i> | 14. NAME OF HUSBAND deceased <i>John H. Owsley</i> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT <i>Mrs Louise Clay</i> | Address <i>New Bloomfield</i> |
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| 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 <i>1 1/2 years</i> |
| IMMEDIATE CAUSE (a) <i>General arteriosclerosis</i> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
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|---------------------|--------------|------------------|
| 20c. TIME OF INJURY | Hour | Month, Day, Year |
| | a.m. p.m. | |

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|--|--|------------------------------|--------|-------|
| 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 *8:15 Feb 2 - 59* to *Dec 5 - 59* and last saw her *him* alive on *Dec 5 - 59*
Death occurred at *8:15* *A*m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>E. H. ...</i> (Degree or title) <i>MD</i> | 22b. ADDRESS <i>New Bloomfield Mo</i> | 22c. DATE SIGNED <i>Dec 9 - 59</i> |
|---|---------------------------------------|------------------------------------|

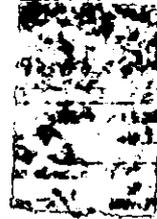
| | | | |
|--|--------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>12-7-59</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Hopewell Ceme</i> | 23d. LOCATION (City, town, or county) <i>New Bloomfield MO</i> |
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| 24. FUNERAL DIRECTOR <i>Claypool Scr., New Bloomfield Mo</i> | 25. DATE RECD. BY LOCAL REG. <i>12-6-59</i> | 26. REGISTRAR'S SIGNATURE <i>Louise Claypool</i> |
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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 Le Roy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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.