

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED VS DEC 16 1959

'59 046513
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Scott CITY OR TOWN Morehouse	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Morehouse	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		d. STREET ADDRESS (If outside, give location) Morehouse	
3. NAME OF DECEASED (Type or print) First GUY Middle WILSON Last OWINGS		4. DATE OF DEATH Month 12 Day 3 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 30, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) yard foreman		10b. KIND OF BUSINESS OR INDUSTRY lumber mill	9. AGE (In years last birthday) 70
11. BIRTHPLACE (City and state or country) Murry, Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME James Wilson Owings		14. MOTHER'S MAIDEN NAME Willie Sowell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-09-7701	17. INFORMANT Mrs. Lucy Owings, Morehouse, 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) ART. SCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 7 1/2 YRS.
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)			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. _____			
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 10.1.59 to 12.3.59 and last saw her alive on 12.2.59 Death occurred at 1:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl G. Voss M.D.		22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 12.4.59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12/5/1959	23c. NAME OF CEMETERY OR CREMATORY Garden of Memories	23d. LOCATION (City, town, or county) (State) Sikeston, Mo
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Morehouse, Mo		25. DATE RECD. BY LOCAL REG. 12-7-59	26. REGISTRAR'S SIGNATURE Miss Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

SECRET SA

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 *Earl M. Watkins*.....

Licensed Embalmer No. *490*

P. O. Address *Depto*

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