

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007062

FILED VS FEB 29 1960

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 26

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lawrence		a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora, Missouri		c. CITY OR TOWN Aurora, Missouri	
Length of stay in 1b 79 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Hospital		d. STREET ADDRESS (If outside, give location) Aurora, Missouri	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Lois	Middle Ethel	Last Owens	Month February	Day 24 Year 1960

5. SEX Female	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 4-17-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR	IF UNDER 24 HR
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Lawrence	12. CITIZEN OF WHAT COUNTRY United States
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13a. FATHER'S NAME John A. McNeil	13b. MOTHER'S MAIDEN NAME Mary E. Jones	14. NAME OF HUSBAND OR WIFE Jack Owens
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Amy Redner	Address Aurora, Missouri
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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
IMMEDIATE CAUSE (a) Congestive Heart Failure		Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic cardiovascular disease	6
	DUE TO (c) Disease	11

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.)
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20c. TIME OF INJURY Hour a.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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 2/23/60 to 2/23/60 and last saw her/him alive on 2/23/60
Death occurred at 530 AM 2/24/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	22b. ADDRESS Aurora, Mo.	22c. DATE SIGNED 2-24-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-27-60	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	23d. LOCATION (City, town, or county) Marionville, Missouri
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24. FUNERAL DIRECTOR Oscar L. Marsh	ADDRESS Aurora, Missouri	25. DATE RECD. BY LOCAL REG. 2-24-1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</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
or by Melvin C. Garrett, Student Embalmer No. 605

working under my personal supervision.

Student Melvin C. Garrett
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3812

P. O. Address [Address]

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