

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 27 1960

-60-019561

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2657 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 1 week | c. CITY OR TOWN Chillicothe Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 425 Vine Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First ELLA Middle FRANCES Last OWSLEY | 4. DATE OF DEATH Month May Day 14 Year 1960 |
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| 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 July 3, 1875 | 9. AGE (last birthday) 84 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------|--------------------------------------------|------------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Grundy County, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Samuel Chambers | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Issac B. Owsley |
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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 Arvid Owsley, Son Address 615 E. 69 St. |
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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) Rupture Myocardium | | 5 min. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Acute Myocardial Infarction | 24 hours |
| | DUE TO (c) Coronary Thrombosis | |

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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"/> N. <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____ |
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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 Chillicothe, Missouri | COUNTY Livingston | STATE Missouri |
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21. I attended the deceased from May 13 60 to May 14 60 and last saw her alive on May 14, 60
 Death occurred at 4th m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Harold W. Voth, M.D. | Degree, or title | 22b. ADDRESS 201 Plaza Med Bldg. Kansas City Mo. | 22c. DATE SIGNED May 14, 60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal | 23b. DATE 5-14-60 | 23c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery | 23d. LOCATION (City, town, or county) (Site) Chillicothe, Missouri |
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| 24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home | 25. DATE RECD. BY LOCAL REG. 5-14-60 | 26. REGISTRAR'S SIGNATURE neva merrisall |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HAROLD W. VOTH

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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 Woyd F. Dieckman, Student Embalmer No. 603

working under my personal supervision.

Student Woyd F. Dieckman
Signature of Student Embalmer

Signed James E. Dack

Licensed Embalmer No. 457

P. O. Address K.A. 9

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.