RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

-60-029504
STATE FILE NUMBER

Registration District No. 0092 Primary Registration District No. 5014 Registrar's No. 61

IDED

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Length of stay in 1b: Lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Country Club Place — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrew
c. CITY OR TOWN — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Country Club Place — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Stephen Middle K. Last Owen

4. DATE OF DEATH: Month September Day 6, Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct.10,1889
9. AGE (last birthday): 70
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): Probate Judge
10b. KIND OF BUSINESS OR INDUSTRY: Buchanan Co.,Mo.
11. BIRTHPLACE (City and state or country): St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Herbert A. Owen
13b. MOTHER'S MAIDEN NAME: Harriett Collier Kearney
14. NAME OF HUSBAND OR WIFE: Elsie W. Owen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Elsie W. Owen — Address: Andrew Co., Mo. Country Club Place

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6 Sept. 1960, to 6 Sept 60 and last saw him alive on 6 Sept 60
Death occurred at 8:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Willm P. McDonald M. D.
22b. ADDRESS: 301 N. 8th St.,St.Joseph, Mo.
22c. DATE SIGNED: 9/7/1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept.8,1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

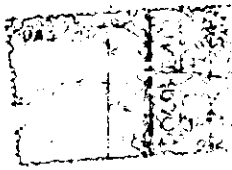
24. FUNERAL DIRECTOR: Meierhoffer & Fleeman, Inc. ADDRESS: St.Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: 9-10-60
26. REGISTRAR'S SIGNATURE: Lillian Spark

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT



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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Elbert R. Harring

Licensed Embalmer No. 325-8

P. O. Address H. Jose

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