OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 9 1961

61-001802
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 4

AMENDED

DATE AMENDED | AMENDMENTS ON THIS DOCUMENT | ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Oak Grove
Length of stay in 1b 50 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: Martha Middle: Ellen Last: Owsley

4. DATE OF DEATH Month: 1 Day: 31 Year: 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-19-1881
9. AGE (last birthday) 79
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) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Oates City Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Owsley
13b. MOTHER'S MAIDEN NAME Mary Middleton
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Francis Owlsey Address Oak Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia Terminal — INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemmorrage Right Side — 14 yrs
DUE TO (c) Cerebral vendus

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 1-24-1961, to 1-31-1961 and last saw her alive on 1-31-1961
Death occurred at 4 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Liston (Degree or title) M.D.
22b. ADDRESS Oak Grove Mo
22c. DATE SIGNED 2-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-2-1961
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem
23d. LOCATION (City, town, or county) Oak Grove (State) Mo

24. FUNERAL DIRECTOR Webb Funeral Home
ADDRESS Blue Springs Mo
25. DATE RECD. BY LOCAL REG. 2-2-1961
26. REGISTRAR'S SIGNATURE N. B. Langford

(Licensed Embalmer's Statement on Reverse Side)

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 William Frue

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.