

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012392

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 3702 Primary Registration District No. 6263 Registrar's No. 4

FILED APR 10 1961

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

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First GEORGE	Middle W.	Last OWEN	Month 3	Day 26	Year 61	
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 MAY 24, 1890	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) THEATER OWNER + OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) DOUGLAS Co., MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES OWEN		13b. MOTHER'S MAIDEN NAME ELZIA UPTON		14. NAME OF HUSBAND OR WIFE MYRTLE OWEN		
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.		17. INFORMANT HAROLD OWEN SEYMOUR, MO.		

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) Acute Circulatory Failure		?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Secondary Thrombosis & Myocardial Infarction?	
	DUE TO (c) Atherosclerosis	
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 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 e.m. p.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

21. I attended the deceased from **MAY 13 - 60** to **3/26/61** and last saw ^{him} alive on **3/26/61**
Death occurred at **3:30 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Hill (Degree or title) A.O.	22b. ADDRESS SEYMOUR	22c. DATE SIGNED 4/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-29-61	23c. NAME OF CEMETERY OR CREMATORY WATTS Cemetery
23d. LOCATION (City, town, or county) ROGERSVILLE MO		23e. (State)

24. FUNERAL DIRECTOR Robert Bergman	ADDRESS Seymour, Mo.	25. DATE RECD. BY LOCAL REG. 4/8/61	26. REGISTRAR'S SIGNATURE Gilbert Jones
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUN 28

JAN 5 1962

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Ma

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.