

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-024836

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Dr. Maddux 128 Primary Registration District No. 2000 Registrar's No. 677 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

FILED JUL 24 1961

1. PLACE OF DEATH a. COUNTY GREENE b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b 67 YRS. c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. Inside Limits Yes [X] No []

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN SPRINGFIELD Inside Limits Yes [X] No [] d. STREET ADDRESS (if outside, give location) 2101 N. DOUGLAS Reside on Farm Yes [] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last MARY AMELIA OWEN 4. DATE OF DEATH Month Day Year JULY 16 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married [] Never Married [] Widowed [X] Divorced [] 8. DATE OF BIRTH 11/4/93 9. AGE (last birthday) 67 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) HOME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME FRANK HELBIG 13b. MOTHER'S MAIDEN NAME ANNA PEIFFER 14. NAME OF HUSBAND OR WIFE JOSEPH C. OWEN (DEC.)

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 Address MRS. LOUISE O'DAY, SPRINGFIELD, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Rt. Breast INTERVAL BETWEEN ONSET AND DEATH 54xs

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 Month, Day, Year a.m. p.m.

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 9-25-45 to 7-16-61 and last saw her alive on 7-16-61 Death occurred at 11:43 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) St. P. Maddux M.D. 22b. ADDRESS Springfield, Mo 22c. DATE SIGNED 7-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 7/19/61 23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY 23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.

24. FUNERAL DIRECTOR ADDRESS H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO. 25. DATE RECD. BY LOCAL REG. 7-18-61 26. REGISTRAR'S SIGNATURE Effie S. Melton

JUN 29 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 H. J. McCann

Licensed Embalmer No. 2727

P. O. Address Spfld Mo

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.