MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. sL 26004 Primary Registration District No. XC 459173 Registrar's No. 7858 STATE FILE NUMBER 61-031017

FILED AUG 31 1961 818 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA Hospital
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Middle Last: Oscar S. Owen
4. DATE OF DEATH Month Day Year: 8/22/61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/19/96
9. AGE (last birthday): 65
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): Decorator
10b. KIND OF BUSINESS OR INDUSTRY: Decorating
11. BIRTHPLACE (City and state or country): Macon, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles W. Owen
13b. MOTHER'S MAIDEN NAME: Stevens
14. NAME OF HUSBAND OR WIFE: Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
17. INFORMANT Address: William D Owen (son) Waynesville, 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) VENTRICULAR FIBRILLATION — INTERVAL BETWEEN ONSET AND DEATH: 1 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 6-10 YRS.
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): DIABETES MELLITUS, OBSTRUCTIVE EMPHYSEMA
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. VA attended the deceased from 8/19/61, to 8/22/61 and last saw him alive on 8/22/61
Death occurred at 12:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): William L. Black MD
22b. ADDRESS: VAH, St Louis, Mo.
22c. DATE SIGNED: 8/22/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-25-51
23c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery
23d. LOCATION (City, town, or county) (State): Waynesville Mo
24. FUNERAL DIRECTOR ADDRESS: Moss-Williams Waynesville Mo
25. DATE RECD. BY LOCAL REG.: AUG 23 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 1 1961

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 Clarence E. Moos

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.