MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-032138
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 374

FILED SEP 18 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
				DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: S.E. Hosp
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2121 N. 13th
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Thelma Middle: Inman Last: Owings
4. DATE OF DEATH: Month: Sept Day: 2 Year: 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 6/13/1915
9. AGE (last birthday): 46
IF UNDER 1 YEAR: Months 2 Days 17
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer
10b. KIND OF BUSINESS OR INDUSTRY: Whosale Drug
11. BIRTHPLACE (City and state or country): Linden, Tenn
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Robt Lee Inman
13b. MOTHER'S MAIDEN NAME: Mary Ella Keeling
14. NAME OF HUSBAND OR WIFE: Goble Owings
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: Finis B. Inman Address: 2121 N. 13th St. St. Louis, 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) Laceration of Iliac Artery — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Fracture of Pelvis.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe Cerebral Concussion
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.) Auto Accident
20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year: Sept 2 1961
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 Sept 2, 1961, to Sept 2, 1961 and last saw her ~~him~~ alive on Sept 2, 1961
Death occurred at 11:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Mahlon C. Karten, M.D.
22b. ADDRESS: 537 Broadway Cape Girardeau, Mo.
22c. DATE SIGNED: 9-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept 3, 1961
23c. NAME OF CEMETERY OR CREMATORY: Mounds Park
23d. LOCATION (City, town, or county) (State): Lilbourn, Mo.
24. FUNERAL DIRECTOR: DeLisle Funeral Home ADDRESS: Portageville, Mo.
25. DATE RECD. BY LOCAL REG.: 9-13-1961
26. REGISTRAR'S SIGNATURE: Irma Karten

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 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 _____ Signed Joseph A. DeLuca

Signature of Student Embalmer

Licensed Embalmer No. 4481

P. O. Address Portageville N

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.