

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022061

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 699

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 25 1962

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Length of stay in 1b 43 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Buchanan
 c. CITY OR TOWN St. Joseph, Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 210 South 16th Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MARTHA Middle E. Last OWENS 4. DATE OF DEATH Month June Day 13 Year 1962
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Sept. 18, 1881 9. AGE (last birthday) 80 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Gentry County, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Walden W. Lewis 13b. MOTHER'S MAIDEN NAME Cecelia Hamilton 14. NAME OF HUSBAND OR WIFE Albert M. Owens
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Son Address Mr. Thomas L. Owens - St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Aortic Aneurysm INTERVAL BETWEEN ONSET AND DEATH 3 wks +
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 2 wks +
 DUE TO (c)

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 6-2-62 to 6-13-62 and last saw her ^{her} alive on 6-13-62
 Death occurred at 11:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. C. Senne M.D. 22b. ADDRESS 223 7th St. Joseph, Mo. 22c. DATE SIGNED 6-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 15, 1962 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman Inc., St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. June 18, 1962 26. REGISTRAR'S SIGNATURE Mrs. Clark Sandell

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF H. C. SENNE, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 Raymond B. Hoover

Licensed Embalmer No. 5147

P. O. Address 18 Joseph Ho.

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.