

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034533

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. ~~137~~ Registrar's No. 306

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

0421

20421

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9433.0

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123-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

**FILED SEP 17 1962**

1. PLACE OF DEATH  
 a. COUNTY Henry  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Length of stay in 1b 76 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Henry  
 c. CITY OR TOWN Windsor Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 308 E. Florence St. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Mathew Pierce Owsley Sept. 3, 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-24-1886 9. AGE (last birthday) 76  
 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) Asst. Postmaster 10b. KIND OF BUSINESS OR INDUSTRY Postoffice 11. BIRTHPLACE (City and state or country) Windsor, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Rolla Owsley 13b. MOTHER'S MAIDEN NAME Nettie Pierce 14. NAME OF HUSBAND OR WIFE Ann Frederick

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 Mrs. Pierce Owsley, Windsor, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Heart Failure  
 DUE TO (b) Heart Block  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH Sudden  
24 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease given in PART I (a) Diabetes mellitus

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 9-2-62 to 9-3-62 and last saw her alive on 9-3-62  
 Death occurred at 9:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lernard Brock M.D. (Degree or title) 22b. ADDRESS 116 South main Windsor, Mo. 22c. DATE SIGNED 9/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-5-62 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak 23d. LOCATION (City, town, or county) (State) Windsor, Mo.

24. FUNERAL DIRECTOR Ellis M. Huston ADDRESS Windsor, Mo. 25. DATE RECD. BY LOCAL REG. Sept 10, 1962 26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

YS SEP 18 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 Ellis M. Hurston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.

Print Name: \_\_\_\_\_  
Address: 9. 5-62  
By: Ellis Hurston