

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047630

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 74-62 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0600
2 0600
3 2
4 0
5 1
6
7 1
8 0
9 422.2
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED DEC 19 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Mc Donald</u>		STATE <u>Missouri</u> COUNTY <u>Mc Donald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Anderson</u>		Length of stay in 1b <u>50 years</u>	c. CITY OR TOWN <u>Anderson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>Virgil Freemont Owens</u>			4. DATE OF DEATH Month Day Year <u>Dec 7 1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 22 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and state or country) <u>Barn Fork, OKLA.</u>
13a. FATHER'S NAME <u>Freemont Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Susie D. Spears</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Owens</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>56 Elizabeth Owens, Anderson</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Hydrantatic Pneumonia</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Passive Myocardial Decompression</u>			
DUE TO (c) <u>Heart Failure & acute & chronic</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>1960</u> to <u>1967</u> and last saw him alive on <u>12-8-62</u> . Death occurred at <u>4 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Senecille, Mo.</u>	22c. DATE SIGNED <u>12-10-62</u>
23a. BURIAL, CREMATION, EMBALMING <u>Embalmed</u>	23b. DATE <u>12-10-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Roller Funeral Home, Anderson</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 19 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u>

USE BLACK INK OR TYPEWRITER RIBBON

Removal permit issued 12/10/62

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.

Signature of Student Embalmer

Signed Robert C. Rolfe

Licensed Embalmer No. 5062

P. O. Address: Delaware

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.