

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0010397

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

APR 11 1964

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 97

VS 300
Rev. 4/59

10425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Brownington</u>	
Length of stay in 1b <u>19 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Clinton General</u>		d. STREET ADDRESS (If outside, give location) <u>RR # 1</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Isaac</u> Last <u>Owens</u>		4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1964</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>11-3-1890</u>
9. AGE (last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	
11. IF UNDER 24 HR Hours <u>10</u> Min. <u>10</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Optometrist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City Mo</u>	
13a. FATHER'S NAME <u>Samuel M Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E Freeman</u>	
14. NAME OF HUSBAND OR WIFE <u>Addie Owens</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>495-40-3712</u>		17. INFORMANT <u>Addie Owens Brownington Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute pericarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>4:25</u> a.m. <u>4</u> p.m. <u>25</u>	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 <u>Clinton, Mo</u>	
20g. COUNTY <u>Clinton</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>1963</u> to <u>4-9-64</u> and last saw her <u>alive</u> on <u>4-9-64</u> Death occurred at <u>4:25 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>		22b. ADDRESS <u>Clinton, Mo</u>	
22c. DATE SIGNED <u>4-3-64</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4 April 1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Kansas City Mo</u>		23e. DATE RECD. BY LOCAL REG. <u>April 3, 1964</u>	
24. FUNERAL DIRECTOR <u>Sickman-Dunning FH</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

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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

Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton, 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.