

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12163
Registrar's No. 106

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clinton</i>	
c. LENGTH OF STAY (in this place) <i>life</i>		d. STREET ADDRESS (If rural, give location) <i>505 East Jefferson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>none</i>		d. STREET ADDRESS (If rural, give location) <i>505 East Jefferson</i>	
3. NAME OF DECEASED (Type or Print) <i>EUGENIA BRITTS OWEN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>APRIL 27 1949</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept. - 18 - 1870</i>
9. AGE (In years last birthday) <i>78</i>		10. MONTHS <i>7</i>	11. YEARS <i>9</i>
12. HOURS <i>9</i>		13. MIN. <i>9</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Clinton Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>John H. Britts</i>	
13b. MOTHER'S NAME <i>Eugenia Sabina</i>		14. NAME OF HUSBAND OR WIFE <i>Walter E. Owen</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>John B. Owen</i>
17. ADDRESS <i>Clinton Mo</i>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>cerebral hemorrhage</i>	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 min.</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4500</i>	
20. ANTECEDENT CAUSES DUE TO (b) DUE TO (c)		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to <i>April 27, 1949</i> , that I last saw the deceased alive on <i>April 26, 1949</i> , and that death occurred at <i>10:30 a. m.</i> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <i>James O. Smith M.D.</i>		23b. ADDRESS <i>Clinton, Missouri</i>	
23c. DATE SIGNED <i>April 29, 1949</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>April 29-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Englewood Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Clinton Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Fred Wilkinson</i>	
25. ADDRESS <i>Clinton Mo</i>		DATE REC'D BY LOCAL REG. <i>4-29-49</i>	
REGISTRAR'S SIGNATURE <i>Florence Adair</i>		422	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 1950

APR 25 1950

MAY 20 1954

RECEIVED

District Health Officer No. 7

District File Number 4-494

Date Filed 5-2-49

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.

Signed Ed Wilkinson

Signed _____
Student Embalmer

Licensed Embalmer No. 4376

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 this body is not embalmed, fact should be so stated above.