

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5593**

FILED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY HENRY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Rural RFD 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General			d. STREET ADDRESS (If rural, give location) RFD 3 Golf Course		

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) BRITTS c. (Last) OWEN			4. DATE OF DEATH (Month) (Day) (Year) Feb 18 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9 1895	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME Walter E Owen		13b. MOTHER'S MAIDEN NAME Eugenia Britts		14. NAME OF HUSBAND OR WIFE Harriet	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Harriet Owen ADDRESS Clinton Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			DUE TO (b) Malignant Hypertension			1 hour		
ANTECEDENT CAUSES			DUE TO (c)			2 year		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **Feb 18 1953** and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James O Smith MD (Degree or title)		23b. ADDRESS Clinton, Missouri		23c. DATE SIGNED 20 Feb 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2 21 53		24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		24d. LOCATION (City, town, or county) (State) Clinton Mo	
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DATE REC'D BY LOCAL REG. Feb. 21 - 53		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE Fred W. Hudson ADDRESS Clinton	
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1953

MAY 12 1953

MAY 4 1953

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
Student Embalmer

Signed Fred W. Kusow

Licensed Embalmer No. 78

P. O. Address. Clinton Md

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.