

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29861

State File No. ....

FILED SEP 18 1951

BIRTH NO. _____		REG. DIST. NO. <u>88</u>		PRIMARY REG. DIST. NO. <u>5326</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steelville, Mo. Meramec</u>		c. LENGTH OF STAY (in this place) <u>Meramec</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cherryville</u>		028	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VEYNON</u>		b. (Middle) <u>CHARLES</u>		c. (Last) <u>OWENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 11 1916</u>	
9. AGE (In years / If under 1 year last birthday) / Months / Days / Hours / Min. <u>35 2 30</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Engineers</u>	
11. BIRTHPLACE (State or foreign country) <u>Chaffee Mo. 0</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ROSCOE OWENS</u>		13b. MOTHER'S MARRIEN NAME <u>MARY E. SWAIN</u>		14. NAME OF HUSBAND OR WIFE <u>PAULINE LOUISE LLOYD SPERRING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>WW II</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>495-28-6954</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Louise OWENS</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Verdict of Jury</u>		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>As the result of an accident when he lost control of his truck while driving south on Highway</u>				18. INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, 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. <u>923.4</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NTV</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Hwy 19.47 Mi. So. of</u>		21c. (CITY) TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Steelville 4.1 Mi. So. Crawford Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-1-1951 5:45 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck Turned Over No other Car Involved</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul G. Hamilton</u>				23b. ADDRESS <u>Cuba</u>		23c. DATE SIGNED <u>9/1/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-2-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul G. Hamilton</u>		ADDRESS <u>Cuba, Mo.</u>	

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

0283

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 14 1951

RECEIVED

SEP 18 1951

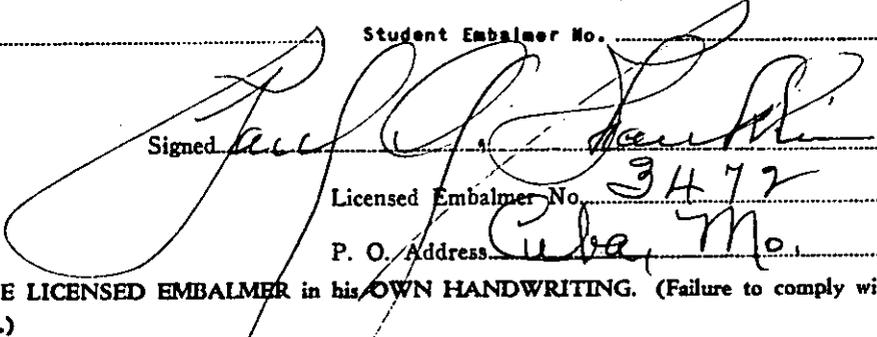
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed  \_\_\_\_\_

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.