

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31087**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **4241** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oak Grove</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oak Grove</b>	
c. LENGTH OF STAY (In this place) <b>40yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City</b>		d. STREET ADDRESS (If rural, give location) <b>City</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>J</b> c. (Last) <b>Owings</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 26 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug 5 1871</b>		9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Oak Grove Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>David Owings</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Nichools</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Fred Church</b> ADDRESS <b>Oak Grove Mo</b>		
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>Cancer of lung.</b> <b>Right Primary</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>metastases into lymph nodes of neck</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b> <b>3 mos.</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		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) <b>162x</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **June 1, 1956**, to **Sept 26, 1956** that I last saw the deceased alive on **Sept 26, 1956** and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. Lester</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Oak Grove Mo</b>	23c. DATE SIGNED <b>Sept 26 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 28 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>George Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Oak Grove Mo</b>	
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DATE REC'D BY LOCAL REG. <b>9-29-56</b>	REGISTRAR'S SIGNATURE <b>N. B. Langeland</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Webb Funeral Home</b> ADDRESS <b>Oak Grove Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

*R. B. White*

Licensed Embalmer No.

*2353*

P. O. Address

*Blue Springs*

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.