

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3371

FILED FEB 8 1957

333 Primary Registration District No. 6115 STATE FILE NUMBER
Registration District No. Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE St. Louis, Missouri		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital/ give location) HOSPITAL OR INSTITUTION 6 Mi. North Sikeston, Mo.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) James Forrest Owens			4. DATE OF DEATH January 26, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 29, 1928		9. AGE (In years last birthday) 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lincoln Mercury Plant		10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (City and state or country) Mississippi County		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Charley Owens			14. MOTHER'S MAIDEN NAME Marie Smith East Prairie, Mo.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO.	17. INFORMANT Address Charley Owens East Prairie, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture					INTERVAL BETWEEN ONSET AND DEATH 10-15 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Thrown from car as it overturned - Head hit Pavement.		
20c. TIME OF INJURY 7:30 - P. M. 1-26-57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) N.W. 1/4 6 mi. north of Sikeston		20f. CITY, TOWN, OR LOCATION COUNTY STATE Scott Mo	
21. I attended the deceased from First call to after death <small>her alive on</small> Death occurred at 7:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Shelma C. Buckthorn M.D. Health Officer			22b. ADDRESS Benton Mo		22c. DATE SIGNED 1-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-30-57	23c. NAME OF CEMETERY OR CREMATORY W. O. W. East Prairie, Mo.		23d. LOCATION (City, town, or county) (State) East Prairie, Mo.
24. FUNERAL DIRECTOR ADDRESS Travis Shelby East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 1-28-57		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
7-56

24

DATE RECEIVED FEB 4 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 257-30

MAR 11 1957

MAR 21 1957

MAR 28 1957

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 Travis Shelby
Licensed Embalmer No. 21
P. O. Address East Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.