

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 017 726

164 3032 Registration District No. Primary Registration District No. 3032 Registrar's No. 169

STATE FILE NUMBER

S. 300
1-57 0

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY OR TOWN Warrensburg Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center		d. STREET ADDRESS (If outside, give location) 304 South Mulberry Residence on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Albert Middle Chenault Last Owings			4. DATE OF DEATH Month June Day 3 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 05 Days 12	IF UNDER 24 HRS. Hours 3 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Livestock*grain	11. BIRTHPLACE (City and state or country) Centerview, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Albert Owings	13b. MOTHER'S MAIDEN NAME Ida M. Chenault	14. NAME OF HUSBAND OR WIFE May Cassell Owings
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 497-42-5724	17. INFORMANT Address Mrs. A.C. Owings, Warrensburg, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days 2 mo years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral vascular accident	
	DUE TO (c) Diabetes mellitus	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input 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):
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20c. TIME OF INJURY Hour 3 A. Month, Day, Year 6-3-57 a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Warrensburg, Mo. COUNTY Johnson STATE Missouri
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21. I attended the deceased from 8-5-1954 to 6-3-57 and last saw her alive on 6-2-57 Death occurred at 6-3-57 3 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE W. Lederer, M.D. (Degree or title)	22b. ADDRESS Warrensburg, Mo.	22c. DATE SIGNED 6-4-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4 June 57	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips, Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. June 4, 1957	26. REGISTRAR'S SIGNATURE Savaya Terutzhield Earl Priest Deputy
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(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JUN 11 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 *John P. Rodgers*

Licensed Embalmer No. 4963

P. O. Address Warrensburg, Mis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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