. Health,
& Welfare
. Public
h Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036766
STATE FILE NUMBER

FILED NOV 5 1958

Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 233

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Oak Grove — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City — Length of stay in 1b: 15 Ys

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Jackson
c. CITY OR TOWN: Oak Grove — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): City — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Walk er — Middle: Dudley — Last: Owings

4. DATE OF DEATH: Month: Oct — Day: 24 — Year: 1958

5. SEX: Male
6. COLOR OR RACE: Wh
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-31-1905
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chev Auto Plant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bates City Mo
12. CITIZEN OF WHAT COUNTRY? Usa

13a. FATHER'S NAME: W.J. Owings
13b. MOTHER'S MAIDEN NAME: Mary Hague
14. NAME OF HUSBAND OR WIFE: Ruth Owings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 495-05-0147
17. INFORMANT: Ruth Owings — Address: Oak Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ✓
DUE TO (c): ✓ 4201
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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ✓
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 10/24, 58, to 10/24-58 and last saw her/him alive on 1 A.M.
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Linton MW
22b. ADDRESS: Oak Grove Mo
22c. DATE SIGNED: 10-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-26-58
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove
23d. LOCATION (City, town, or county) (State): Oak Grove Mo

24. FUNERAL DIRECTOR — ADDRESS: Webb Funeral Home Oak Grove Mo
25. DATE RECD. BY LOCAL REG.: 10-27-1958
26. REGISTRAR'S SIGNATURE: N. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 13 1958

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 William Freer

Licensed Embalmer No. 4733

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

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