

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040361

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. ~~5573~~ 150

Primary Registration District No. 5573

Registrar's No. 252

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sni A Bar Twp		c. CITY OR TOWN Oak Grove	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. Corn Rd		Length of stay in lb 25 yrs	
700 ^d STREET ADDRESS R. F. D Corn Rd		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Charles A Owings			4. DATE OF DEATH Month Day Year Nov 11 1958		
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5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12 1884	9. AGE (In years last birthday) 74	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (City and state or country) Oak Grove Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Owings	13b. MOTHER'S MAIDEN NAME Maggie Roatman	14. NAME OF HUSBAND OR WIFE Ethyl Owings
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 492 38 5982	17. INFORMANT Lynn Owings	Address Oak Grove 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) Coronary artery thrombosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Previous coronary artery thrombosis. DUE TO (c) ✓		INTERVAL BETWEEN ONSET AND DEATH 20 min. 4 months
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 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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE 4201
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21. I attended the deceased from June 1, 1958 to Nov 11, 1958 and last saw her alive on Nov 11, 1958. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. Linton MCO	22b. ADDRESS Oak Grove Mo	22c. DATE SIGNED 11/12/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 12 1958	23c. NAME OF CEMETERY OR CREMATORY George Cem	23d. LOCATION (City, town, or country) (State) Oak Grove Mo
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24. FUNERAL DIRECTOR ADDRESS bb Funeral Home Oak Grove Mo	25. DATE RECD. BY LOCAL REG. 11-14-1958	26. REGISTRAR'S SIGNATURE N. B. Langford
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Vertical text on the left edge of the page.

JAN 9 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 Frier*

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.