

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043854

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Eagleville</u> 040 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Roid Hosp</u>		Length of stay in 1b <u>2 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>4 mi. N.E. of Blythedale</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Richard Dale Owens</u>			4. DATE OF DEATH Month Day Year <u>Dec 21, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 27, 1944</u>
9. AGE (In years last birthday) <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>	11. BIRTHPLACE (City and state or country) <u>Blythedale, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
13a. FATHER'S NAME <u>Paul Wayne Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Irene Cook</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT Address <u>Paul Wayne Owens, Albany, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture Skull, Right Arm, Internal Injuries, Hemorrhage, Shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Car Accident</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>40 hrs</u>
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.) <u>Patient was passenger in car that ran off road and hit embankment</u>	
20c. TIME OF INJURY Hour <u>8:30</u> Month, Day, Year <u>12-19-58</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, city, street, office bldg., etc.) <u>Public Road</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Harrison</u> STATE <u>Missouri</u> <u>Public Road 2 mi. N.E. Eagleville</u>	
21. I attended the deceased from <u>12-19-58</u> to <u>12-21-58</u> and last saw ^{him} alive on <u>12-21-58</u> <u>Mo</u> Death occurred at <u>9:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Gilbert M. Morgan</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Bethany, Mo.</u>	22c. DATE SIGNED <u>12-24-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 27, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Blythedale Mo</u>
24. FUNERAL DIRECTOR <u>Gerald W. Buggers, Eagleville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-1958</u>	26. REGISTRAR'S SIGNATURE <u>Gella Mayes</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gerald W. Rogers*

Licensed Embalmer No. *4762*

P. O. Address *Engleville, Va.*

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.