

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013405

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 277

AMENDED

FILED APR 24 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Length of stay in lb _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> c. CITY OR TOWN <u>Ash Grove</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route #2</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WGA Burge Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>Route #2</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Clarence Owens</u> | | | 4. DATE OF DEATH Month Day Year <u>April 14 1961</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-14-1896</u> | 9. AGE (last birthday) <u>64</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and state or country) <u>Greene Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S A</u> | |

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| 13a. FATHER'S NAME <u>Lomes Owens</u> | 13b. MOTHER'S MAIDEN NAME <u>Frances Morgan</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Nettie Hebbie M. Owens</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u> | | 17. INFORMANT <u>Nettie</u> Address <u>Mrs. Nettie Owens, Ash Grove, Mo.</u> |

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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) <u>fractured neck</u> DUE TO (b) <u>car accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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.) <u>Head on car collision</u> |
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| 20c. TIME OF INJURY Hour Month, Day, Year <u>approx 6 p.m. April 14, 61</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |
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| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | 20f. CITY, TOWN, OR LOCATION <u>Springfield</u> | COUNTY <u>Greene</u> | STATE <u>Mo.</u> |
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21. I attended the deceased from pronounced D.O.A. arrival and later Burge Hospital E.R.
 Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22. SIGNATURE (Degree or title) <u>Carle L. Schreffler</u> | 22b. ADDRESS <u>1630 N. Jefferson Springfield, Mo</u> | 22c. DATE SIGNED <u>4-15-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u> | 23b. DATE <u>4-18-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Springfield Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Ray Rainey, Springfield, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>4-19-61</u> | 26. REGISTRAR'S SIGNATURE <u>Effie B. Melton</u> |
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5/11/61

Mrs. Nellie Owens

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Director

Mrs. Nettie Owens

4 & 17

APR 26 1961

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 Lee Mason

Licensed Embalmer No. 45568
P. O. Address Springfield

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.