

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031528

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 403 STATE FILE NUMBER

FILED AUG 17 1962

VS 300 Rev. 4/59

1 2499

2 8150-

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4 0

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7 1

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9 570.3

10

12 3-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kan.</u> b. COUNTY <u>Sedgewick</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin, Mo.</u>		Length of stay in lb <u>3 hrs.</u>	c. CITY OR TOWN <u>Wichita</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. John. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>807 S. Main</u>
3. NAME OF DECEASED (Type or print) First <u>JERRY</u> Middle <u>RICHARD</u> Last <u>OWENS</u>			4. DATE OF DEATH Month <u>8</u> Day <u>12</u> Year <u>1962</u>
5. SEX <u>M.</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>6-26-62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (last birthday) <u>7 Wks.</u>
11. BIRTHPLACE (City and state or country) <u>Wichita, Kan.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Jerry Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Aeris Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Jerry Owens, Wichita, Kan.</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>Volvelus. of small intestine.</u> <u>&amp; complete gangrene</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>
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
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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
21. I attended the deceased from <u>3:00 PM 8/12/62</u> to <u>5:15 8/12/62</u> and last saw her/him alive on <u>8/12/62</u> Death occurred at <u>5:15</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. B. Stone MD</u>		22b. ADDRESS <u>114 W 32 Joplin</u>	22c. DATE SIGNED <u>8/12/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>8-14-1962</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>S.A.R. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wichita, Okla.</u>
24. FUNERAL DIRECTOR <u>Sam Thomas F.H. Commerce Okla.</u>		25. DATE RECD. BY LOCAL REG. <u>8-13-1962</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

USE BLACK INK OR TYPEWRITER RIBBON

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**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 *did not embalm*, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Jack Parker*  
Licensed Embalmer No. 4938

P. O. Address *Jasper*

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.