No. 300
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FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9594

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): moberly
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCormick O

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Mo RR No 1 O
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Tenny
c. (Last): Owings

4. DATE OF DEATH (Month) (Day) (Year): 3 28 1949

5. SEX: Male O
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-26-1866
9. AGE (In years last birthday): 82 — 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)
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Missouri O
12. CITIZEN OF WHAT COUNTRY?: U.S.G.

13a. FATHER'S NAME: Benjamin Owings
13b. MOTHER'S MAIDEN NAME: Dont Unon
14. NAME OF HUSBAND OR WIFE: Sarah Elizabeth Owing

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Aubrey Owings
ADDRESS: Clark Mo RR

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a): farm accident, wagon wheel ran over face, & crush it.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): delayed shock
DUE TO (c): Over

INTERVAL BETWEEN ONSET AND DEATH: 4 day

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: 3/28/49
19b. MAJOR FINDINGS OF OPERATION: over
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): RR#1 Clark Mo 004
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 25 49 9 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: over

22. *I hereby certify that I attended the deceased from* 3/25/49, 19___, *to* 3/28/49, 19___, *that I last saw the deceased alive on* 3/28/49, 19___, *and that death occurred at* 9.35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. F. Carroll Jr. D.O.
23b. ADDRESS: Sturgeon Mo
23c. DATE SIGNED: 2 Apr 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30-49
24c. NAME OF CEMETERY OR CREMATORY: Macedonia
24d. LOCATION (City, town, or county) (State): Clark Randolph E. Mo

DATE REC'D BY LOCAL REG.: 3-30-49
REGISTRAR'S SIGNATURE: Leah Williams Lowe 264
25. FUNERAL DIRECTOR'S SIGNATURE: Fred A. Thompson
ADDRESS: Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

cc: Crushed face due to farm accident

Ph: It was riding on a wagon loaded with fence post. Son got off the wagon to open gat and Mr. Owings drove the team thru, his boy returned to wagon and took the lines slacked up and had not gone ten feet when he looked back. The wagon wheel has crushed his face

Pr: Both frontal sinuses opened nose crushed & separated from frontal sinuses. Sphenoidal sinuses crushed Mastillary sinuses crushed Left Eye ruptured Left shoulder broken etc

aurea after 48 hr.

RECEIVED
District Health Officer No.
District File Number 4.49.
Date Filed APR 1 1 1949

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.

Signed Fred A. Thompson

Signed ..... Student Embalmer

Licensed Embalmer No. 1930

P. O. Address Madison, Mo.

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