

FILED SEP 14 1949

STANDARD CERTIFICATE OF DEATH

5658 State File No. 27314

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

BIRTH NO. 55 REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 4280 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Livingston</u>	
/b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural State City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dawn, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>3 mons.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 mi. West of State City on 166 Hwy.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1 1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roger</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Owens</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>	
8. DATE OF BIRTH <u>Sept 29 1899</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>49 11 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Lawrence, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Franklin Owens</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Evans</u>	
14. NAME OF HUSBAND OR WIFE		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>487-12-2642</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dale Owens</u> ADDRESS <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Back & Fracture of Skull</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>		ANTECEDENT CAUSES (b) <u>Turning Road Grader over</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		(c) <u>Driver of Grader</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Was pinned under Grader</u>		20. "AUTOPSY"? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Off 166</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Livingston Lawrence Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Sept 1 - 1949 11:30 AM</u>	
21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Road Grader Turned over</u>	
22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>49</u> , that I last saw the deceased <u>alive or after death</u> <u>9/1</u> 19 <u>49</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harmer Surridge, Coroner</u>		23b. ADDRESS <u>Marionville Mo.</u>	
23c. DATE SIGNED <u>9/1/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept 4 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Dawn Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>May L. Fossett</u> ADDRESS <u>Warrensburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Carl Hendricks</u>	

RECEIVED SEP 8 1949

District Health Office No. 6,

District File Number 949-1034

Date Filed 9-12-49

SEP 27 1949

SEP 22 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.

Student _____
Student Embalmer

Signed Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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.