

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16086
STATE FILE NUMBER

FILED JUN 11 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 572

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Baptist Hosp.		Length of stay in lb DOA	d. STREET ADDRESS RFD#8		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROSCOE Middle E. Last OWEN			4. DATE OF DEATH Month June Day 4 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 17 March 1905	9. AGE (In years last birthday) 51 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Stockman		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Owen			14. MOTHER'S MAIDEN NAME Lula Oatman		
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 Lucy Owen (Wife) Spgfd. Mo. RFD#8 Address _____		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Left Jaw Fracture DUE TO (c) Compound Fracture Left Leg					INTERVAL BETWEEN ONSET AND DEATH Instant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7/21/3					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.) Fell into combine thresher which he was operating on his farm.			
20c. TIME OF INJURY. Hour 2:45 Minute 45 P. M. Month, Day, Year 6-4-56		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Farm			
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Near Springfield		COUNTY Greene	STATE Mo.
21. I attended the deceased from UNATTENDED BY PHYSICIAN and last saw her/him alive on _____ Death occurred at 2:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Chas. E. Lifer</i> (Degree or title) Coroner			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 6-5-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/7/56	23c. NAME OF CEMETERY OR CREMATORY Patterson Cemetery		23d. LOCATION (City, town, or county) (State) Greene County, Missouri
24. FUNERAL DIRECTOR <i>J. W. Klingner & Co.</i>		ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 6-6-56	26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

9561 8 7067

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.