

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25913**

FILED SEP 11 1956

BIRTH NO. _____		REG. DIST. NO. <u>10</u>	PRIMARY REG. DIST. NO. <u>3002</u>	Registrar's No. <u>175</u>
1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Liberty & Washington Corner		e. STREET ADDRESS (If rural, give location) 413 South Jefferson		
3. NAME OF DECEASED (Type or Print) a. (First) Dave		b. (Middle)	c. (Last) Owen	4. DATE OF DEATH (Month) (Day) (Year) Aug. 31 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 12, 1869	9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Cattle	11. BIRTHPLACE (City and State or Foreign Country) Chamois, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Owen		13b. MOTHER'S MAIDEN NAME Rebecca Cooper	14. NAME OF HUSBAND OR WIFE None	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. May Hedges Nevada, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroners Inquest with Jury; Died from injuries by being struck by an automobile on W. Liberty St. Mexico, Mo. Said Auto Riven by Jack Harold Jennings. Unavoidable accident, jury verdict. ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stated the underlying cause last.</i> DUE TO (b) W. Liberty St. Mexico, Mo. Said Auto Riven by Jack Harold Jennings. Unavoidable accident, jury verdict. DUE TO (c) accident, jury verdict. II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 8124 25		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mexico, Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico 139 Audrain Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) Aug. 31 56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by an Auto		
22. I hereby certify that I attended the deceased from Inquest with Jury , 19 <u>56</u> , that I last saw the deceased alive on Aug. 31, 1956 , and that death occurred at 12:45pm , from the causes and on the date stated above.				
23a. SIGNATURE S. C. Adams, Coroner		23b. ADDRESS M. D. Mexico, Missouri		23c. DATE SIGNED 9/1/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-1-1956	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
DATE REC'D BY LOCAL REG. Sept 1-1956	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home Mexico, Mo.		

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

9-0

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.....
H. R. Knight

Licensed Embalmer No. *465J*.....

P. O. Address *Medico, Fla.*.....

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.