

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9431**

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **5780** Registrar's No. **7**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Miller | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seymour | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 1120 | |

| | | | | | |
|---|--|-------------------------------|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) RUBEN b. (Middle) WILIFORD c. (Last) OWENS | | | 4. DATE OF DEATH (Month) (Day) (Year) FEB. 27, 1957 | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME ORVILLE OWENS | | 13b. MOTHER'S MAIDEN NAME EMMA ROWE | | 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) NO | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT'S SIGNATURE OR NAME BERMAN-MILLER ADDRESS SEYMOUR, MO | |

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|---|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Injury | | | | INTERVAL BETWEEN ONSET AND DEATH immediate | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Concussion | | | | immediate | |
| | | DUE TO (b) Basilar Skull Fracture | | | | | |
| | | DUE TO (c) | | | | | |
| 19a. DATE OF OPERATION July 1, 1957 | | II. OTHER SIGNIFICANT CONDITIONS | | | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures & severe crushing injuries throughout body | | | | | |

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|---|--|---|--|--|--|
| 19b. MAJOR FINDINGS OF OPERATION | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway 3 m. E. of | | 21c. (CITY, TOWN, OR TOWNSHIP) Eldon (COUNTY) Miller (STATE) Missouri | |
| 21d. TIME OF INJURY Feb. 27, 1957 3:05PM | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Automobile Accident | |

22. I hereby certify that I attended the deceased from **2-27-57**, to **2-27-57**, 19**57**, that I last saw the deceased alive on **2-27-57**, 19**57**, and that death occurred at **3:05P** m., from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) J. S. Humphreys, D.O., Coroner 3 | | 23b. ADDRESS Tuscumbia, Missouri | | 23c. DATE SIGNED 2-2-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE MAR 2 | | 24c. NAME OF CEMETERY OR CREMATORY GENTRY | |
| 24d. LOCATION (City, town, or county) (State) SEYMOUR, MO | | | | | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. Mar. 2, 57 | | REGISTRAR'S SIGNATURE Adveretta Walt | | 25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips ADDRESS Eldon | |
|--|--|---|--|--|--|

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

192

RECEIVED

MAR 12 '57

Miller County
Health Department

1957 1 1 1067

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Acclan*

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.