

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014150

STATE FILE NUMBER

FILED MAY 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1837

S. 300  
1-57 D

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>COLLINS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>ROUTE 1</b>
3. NAME OF DECEASED (Type or print) First <b>ASA</b> Middle Last <b>DAVIS</b>			4. DATE OF DEATH Month <b>April</b> Day <b>8</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 22, 1889</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	9. AGE (In years last birthday) <b>68</b>
10a. FATHER'S NAME <b>Sandy Davis</b>		10b. MOTHER'S MAIDEN NAME <b>Francis Vaughn</b>	10. BIRTHPLACE (City and state or country) <b>Sinclair County, Mo.</b>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		11. SOCIAL SECURITY NO. <b>562 07 2137</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <b>Acute bronchopneumonia, right upper and middle lobes</b>		14. NAME OF HUSBAND OR WIFE <b>Judith Davis</b>	
15. TUBERCULOSIS OF THE LEFT KIDNEY, EPIDIDYMISS AND SEMINAL VESICLES.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from <b>April 8, 1958</b> to <b>April 8, 1958</b> Death occurred at <b>7:30</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugh H. Owens</b>		22b. ADDRESS <b>1034 Rialto Bldg</b>	
22c. DATE SIGNED <b>4 9 58</b>			
23a. BURIAL, CREATION, (REMOVAL) (Specify)	23b. DATE <b>APRIL 9, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OSCEOLA CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>OSCEOLA MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>		25. DATE RECD. BY LOCAL REG. <b>4-10-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>



ISSUED BY: MISSOURI  
 COUNTY: YING  
 CITY: JEFFERSON

DATE OF DEATH: \_\_\_\_\_  
 TIME OF DEATH: \_\_\_\_\_  
 PLACE OF DEATH: \_\_\_\_\_  
 NAME OF DECEASED: \_\_\_\_\_  
 SEX: \_\_\_\_\_  
 AGE: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_  
 CAUSE OF DEATH: \_\_\_\_\_  
 MANNER OF DEATH: \_\_\_\_\_

**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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.