

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040354

STATE FILE NUMBER

FILED DEC 2 1958

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 491

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson (blue)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Independence</u> 7006 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>71 E. Bass + 39th</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>1609 Vermont</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rowena</u> Middle Last <u>Lamon</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>22</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 2-1899</u>
9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months <u>59</u> Days Hours Min.		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months <u>59</u> Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Realtor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>	
11. BIRTHPLACE (City and state or country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lee Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Ana Nysson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Joseph Lamon</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>490-42-4903</u>	
16. SOCIAL SECURITY NO. <u>490-42-4903</u>		17. INFORMANT <u>Ana Jean Lamon</u> Address <u>Indep. Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull</u> DUE TO (b) <u>Numerous Abrasions</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sustained Inspection</u>			INTERVAL BETWEEN ONSET AND DEATH
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.) <u>Blow Car struck a tree</u>	
20c. TIME OF INJURY .Hour .Month, Day, Year a.m. <u>11-22-58</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Jackson mo</u> COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh A. Owens Coroner</u>		22b. ADDRESS <u>1034 North Blvd</u>	
22c. DATE SIGNED <u>11-24-58</u>		22d. LOCATION (City, town, or County) (State) <u>Blue Springs, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 24-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>		23d. LOCATION (City, town, or County) (State) <u>Blue Springs, Missouri</u>	
24. FUNERAL DIRECTOR <u>Paul R. Speaks</u> ADDRESS <u>Indep. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-24-58</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

MS
MAR 21 1960

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 *P. Kenneth Patterson*

Licensed Embalmer No. *4699*
P. O. Address *Indep. 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.