

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024483

STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 80

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b 2 years	c. CITY OR TOWN Liberty
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 510 Forest		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 510 Forest
3. NAME OF DECEASED (Type or print) First Grover Middle C. Last I. Owens, Jr.		4. DATE OF DEATH Month July Day 15 Year 1961	
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 5-26-22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) landscape contractor		10b. KIND OF BUSINESS OR INDUSTRY landscaping	9. AGE (last birthday) 39
11. BIRTHPLACE (City and state or country) Clay Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME G. C. Owens, Sr.		13b. MOTHER'S MAIDEN NAME Elsie Weathington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW II		16. SOCIAL SECURITY NO. WW II	
17. INFORMANT Dorothy Owens Liberty, Missouri		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) Asphyxiation, acute Fire - Burning sofa DUE TO (b) Acute Alcoholism DUE TO (c) Acute Alcoholism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 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 D. Tate M.D. Grover (Degree or title)		22b. ADDRESS North Kansas City Mo.	22c. DATE SIGNED 7/18/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-17-61	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Liberty, Missouri
24. FUNERAL DIRECTOR Pasley Funeral Home Liberty, Mo.		25. DATE RECD. BY LOCAL REG. 7-22-61	26. REGISTRAR'S SIGNATURE Mabel Graham

AUG 17 1961

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 John Parling

Licensed Embalmer No. 4308

P. O. Address Liberty, Md

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.