

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044287

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. _____ Registrar's No. 1321

AMENDED

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Robberson		c. CITY OR TOWN Springfield Rural	
Length of stay in 1b 19 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield R.F.D.6		d. STREET ADDRESS (If outside, give location) Springfield R.F.D.6	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GARY Middle WILLIAM Last OWEN			4. DATE OF DEATH Month December Day 27 Year 1961		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/11.1942	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apprentice Tool & Die	10b. KIND OF BUSINESS OR INDUSTRY Royal McBee	11. BIRTHPLACE (City and state or country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William N. Owen	13b. MOTHER'S MAIDEN NAME Maybelle Scruggs	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT William N. Owen, RFD 6 Address Springfield, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon-Monoxide poisoning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) He was in his convertible auto with top lowered. The car was in tightly closed
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20c. TIME OF DEATH Hour _____ a.m. _____ p.m. Month, Day, Year 12/27/1961 approx 1:30 p.m.	garage. He placed pipes to exhaust to send the fumes back to body. Tranquilizer bottle partly filled
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) garage at home	20f. CITY, TOWN, OR LOCATION Springfield RT.6, Greene, Missouri	COUNTY Greene STATE Missouri
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at **Approx. 1:30 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph H. Thieme (Degree or title) Greene County Coroner	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 12/29/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/2/1962	23c. NAME OF CEMETERY OR CREMATORY White Chapel	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
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24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave. ADDRESS	25. DATE RECD. BY LOCAL REG. Jan 2, 1962	26. REGISTRAR'S SIGNATURE Effie S. Melton
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE ENTERED

INSTEAD OF

SHOULD READ

ITEM NO.

JAN 18 1962

FEB 15 1962

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 Ralph H. Cluett

Licensed Embalmer No. 3641

P. O. Address Springfield, Vt.

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.