

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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2005

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</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) <u>Fairview Twp</u>		c. CITY OR TOWN <u>Independence</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Highway 13 Detour Mo</u>		d. STREET ADDRESS (If outside, give location) <u>611 Westwood Dr</u>	
3. NAME OF DECEASED (Type or print) First <u>Sanford</u> Middle <u>Joe</u> Last <u>Owings</u>		4. DATE OF DEATH Month <u>March</u> Day <u>7</u> Year <u>1964</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 18-1946</u>
9. AGE (last birthday) <u>17</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	11. BIRTHPLACE (City and state or country) <u>Independence Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Troy Owings</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Morris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488-50-7557</u>	
17. INFORMANT <u>Troy Owings</u>		14. NAME OF HUSBAND OR WIFE <u>611 Westwood Dr Independence 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>Compound fracture of skull</u> DUE TO (b) <u>with loss of brain substance</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) _____ 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>7</u> a.m. Month, Day, Year <u>3-7-64</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2 vehicle accident</u>	
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.) <u>Highway 13 - Detour Mo.</u>	
20f. CITY, TOWN, OR LOCATION <u>Highway 13 - Detour</u>		COUNTY <u>Henry</u> STATE <u>County Mo.</u>	
21. I attended the deceased from <u>unattended</u> , to <u>unattended</u> , and last saw her alive on <u>Approx 7 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>		22b. ADDRESS <u>106 S. 3rd Clinton Mo</u>	
22c. DATE SIGNED <u>3-7-64</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>3/7/1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn cemetery</u>	
23d. LOCATION (City, town, or county) <u>Independence Mo</u>		23e. DATE RECD. BY LOCAL REG. <u>MAR 10, 1964</u>	
24. FUNERAL DIRECTOR <u>Ott-Mitchell Funeral Home</u>		25. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

RECEIVED  
MAR 20 1964

APR 17 1964

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

*R. L. Dunning*

Licensed Embalmer No. 4710

P. O. Address Clinch, 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.

Permit obtained

3-7-64

(115)