

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4193

2190

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5219</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Camp Branch Mo</u>		c. LENGTH OF STAY (in this place) <u>—</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		<u>182</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>about 2 1/2 mi NW of Garden City</u>				d. STREET ADDRESS (If rural, give location) <u>201 N. Orchard 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROLAND</u>		b. (Middle) <u>CLEO</u>		c. (Last) <u>OWEN JR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov 15-1943</u>	
9. AGE (In years last birthday) <u>6</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>in school</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton MO</u>	
11. BIRTHPLACE (State or foreign country) <u>Clinton MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Roland Cleo Owen</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth E. Sother</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMY, AIR FORCE, NAVY, OR MARINE CORPS? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roland C Owen</u>	
17. ADDRESS <u>Clinton Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>—</u>					
MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURE, BASE, SKULL</u>						88166	
ANTECEDENT CAUSES						20	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u>							
DUE TO (c) <u>—</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>							
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #35</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Garden City Cass MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 18 1950 5P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>COLLISION. TWO CARS — 019</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred, at <u>5P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.D. Garry (Coroner) M.D.</u>				23b. ADDRESS <u>HARRISONVILLE, MO</u>		23c. DATE SIGNED <u>Feb. 18 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clinton Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilkerson</u>	
						ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Fred Wilson

Licensed Embalmer No. 2478

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.