

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11320

State File No.

FILED MAY 2 1955

BIRTH NO.		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>5273</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian 0220</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Christian 0220</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>"Rural" Porter</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" Porter</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1, Nixa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Miles NW of Nixa</u>				d. STREET ADDRESS (If rural, give location) <u>Route #1, Nixa</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u> b. (Middle) <u>Jewel</u> c. (Last) <u>Owen a</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1955</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 22, 1911</u>		9. AGE (In years last birthday) <u>43</u>	If UNDER 1 YEAR Days <u>99</u> Hours <u>20</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Factory Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Defense</u>		11. BIRTHPLACE (State or foreign country) <u>Nixa, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Herbert Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Flossie Barnett</u>		14. NAME OF HUSBAND OR WIFE <u>Homer Owen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-24-5786</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flossie Martin, Nixa, Mo.</u> ADDRESS <u>Nixa, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure to kidney</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of uterus</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.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-10, 1955</u> to <u>4-10, 1955</u> , that I last saw the deceased alive on <u>4-10, 1955</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold Shaffer, D.D.S.</u>				23b. ADDRESS <u>Nixa, Mo.</u>		23c. DATE SIGNED <u>4-18-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McConnell Mem. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Nixa, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4/18/55</u>		REGISTRAR'S SIGNATURE <u>Olive Hutter</u>		508		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Harris</u> ADDRESS <u>Clever, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address _____

Cleveland, 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.