

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1641

State File No.

FILED JAN 22 1957

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 25

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)	
a. COUNTY <u>JASPER</u>	b. CITY (If outside corporate limits, write RURAL and give town) <u>JOPLIN</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>JASPER</u>
c. CITY OR TOWN <u>JOPLIN</u>	c. LENGTH OF STAY (In this place) <u>27 YRS</u>	c. CITY OR TOWN <u>JOPLIN</u>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2506 1/2 BYERS</u>		STREET ADDRESS (If rural, give location) <u>629 1/2 W. 26th ST.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SUSIE</u>	b. (Middle) <u>C.</u>	c. (Last) <u>OWENS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JAN 13 1957</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 4 1867</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEWTON CO, ARK.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>DICK SPEARS</u>	13b. MOTHER'S MAIDEN NAME <u>KINSAID DUNCAN</u>	14. NAME OF HUSBAND OR WIFE <u>MONT OWENS (DECD)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BERTHA CUTRELL</u>	ADDRESS <u>JOPLIN</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>My peritonic Pneumonia</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pericardial Hemorrhage</u>		<u>2 weeks</u>
	DUE TO (c) <u>hypertension</u>		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>331X</u>

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)	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 Dec 25 1956 **to** Jan 13 1957, **that I last saw the deceased alive on** Jan 13 1957, **and that death occurred at** 11:55 p.m., **from the causes and on the date stated above.**

23a. SIGNATURE (Deceased or title) <u>J. Dawson</u>	23b. ADDRESS <u>Joplin Mo.</u>	23c. DATE SIGNED <u>1-14-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 17 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM</u>	24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 17-1957</u>	REGISTRAR'S SIGNATURE. <u>Noor Merriam</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert George Joplin</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

County File Number 57-1-60
Date Filed JAN 21 1957

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.....
Paul Geo

Licensed Embalmer No. 48

P. O. Address Joplin

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.