

Health, Welfare
Public
Service

FILED JUN 24 1957

STANDARD CERTIFICATE OF DEATH

STATE FILING NUMBER 20760
Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 546-A

300
-57

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| 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 SPRINGFIELD | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN SPRINGFIELD |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HANOLEY 165P | | Length of stay in 1b 45 yrs | d. STREET ADDRESS (If outside, give location) 2451 N. LYON |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last EVA MARIE OWINGS | | | 4. DATE OF DEATH Month Day Year JUNE 13, 1957 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH MARCH 2, 1911 | 9. AGE (In years last birthday) 45 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS | | 10b. KIND OF BUSINESS OR INDUSTRY CAFE | 11. BIRTHPLACE (City and state or country) MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME ISSAC JOHNSON | | 13b. MOTHER'S MAIDEN NAME SARAH CLINTON | 14. NAME OF HUSBAND OR WIFE DIVORCED | | |
| 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. ? | 17. INFORMANT Address LUTHER JOHNSON (BRO) SPRINGFIELD, Mo. | | |

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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) Hypostatic Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Carcinoma of Uterus | |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |

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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from 5/30/57 to 6/13/57 and last saw her alive on 6/13/57 Death occurred at 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE Lyman D. Brown M.D. (Degree or title) | 22b. ADDRESS 311 1/2 College | 22c. DATE SIGNED 4/17/57 |

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|--|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 6-15-57 | 23c. NAME OF CEMETERY OR CREMATORY LONIE STAR CEMETERY | 23d. LOCATION (City, town, or county) (State) MT. GROVE, MISSOURI |
| 24. FUNERAL DIRECTOR J. W. Kingman & Co | ADDRESS Springfield Mo | 25. DATE RECD. BY LOCAL REG. 6-19-57 | 26. REGISTRAR'S SIGNATURE Edith Y. Williams |

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ogle Stone Jr*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.