

FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH'57 021803  
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>5709</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald County Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) before a. STATE <u>Ft Crowder</u> b. COUNTY <u>Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman (R)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>USAH Ft Crowder Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Ft Crowder Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>Dennis</u> c. (Last) <u>Oren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 4 1928</u>	
9. AGE (In years last birthday) <u>29</u>		IF UNDER 1 YEAR <u>0</u> Months <u>7</u> Days		IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lambertville Michigan</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Martin Oren</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Helen M Oren</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>May 55 June 57</u>			16. SOCIAL SECURITY NO. <u>279-22-5616</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John J. Matlock</u> ADDRESS <u>Ft Crowder 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck + Internal Injuries</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car-Truck Accident</u>					<u>Sudden</u>
		DUE TO (c)					
		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? <u>2</u> 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>U.S. Hi-way 71</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Goodman</u> (COUNTY) <u>McDonald, Mo</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-11-57 1:30 A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car-Truck Accident</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>1:30 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm Humphrey Jr. Coroner</u> (Degree or title)				23b. ADDRESS <u>Noeh Mo.</u>		23c. DATE SIGNED <u>6-13-57</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-13-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springfield</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Ohio.</u>	
DATE REC'D BY LOCAL REG. <u>6-18-57</u>		REGISTRAR'S SIGNATURE <u>Wm Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyle</u> ADDRESS <u>Neeshe, Mo.</u>			

**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 Corby Thompson, Jr.  
..... Licensed Embalmer No. 4861

P. O. Address Wesley, 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.