No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39109

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 497

0495

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2126 EMPIRE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN 0495
d. STREET ADDRESS (If rural, give location): 2126 EMPIRE

3. NAME OF DECEASED (Type or Print)
a. (First): MISSOURI
b. (Middle): BELLE
c. (Last): DEVANEY

4. DATE OF DEATH (Month) (Day) (Year): NOV. 8 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: MARCH 30, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and State or Foreign Country): PHELPS COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WM. H. OWEN
13b. MOTHER'S MAIDEN NAME: LUCINDA OWEN
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: MRS. IRWIN SMITH — ADDRESS: 2126 EMPIRE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: 2040
20. AUTOPSY? YES ☐ NO ☐

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.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13-39, 19__, *to* 11-8-52, 19__, *that I last saw the deceased alive on* ~~4-13-39~~ 11-8-52 *and that death occurred at* 1:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter Howard M.D.
23b. ADDRESS: Fuoco Bldg. Joplin Mo
23c. DATE SIGNED: 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-10-52
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW
24d. LOCATION (City, town, or county) (State): JOPLIN MISSOURI

DATE REC'D BY LOCAL REG.: 11-13-52
REGISTRAR'S SIGNATURE: Ed S. James B8 by Dolores Lampkins Dr.
25. FUNERAL DIRECTOR'S SIGNATURE: STEVE PARKER MORTUARY — ADDRESS: JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-12-52
Jasper County Health Office
County File Number 52/11/899
Date Filed 11-12-52

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 F. M. Jones
Licensed Embalmer No. 7319
P. O. Address Joplin 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.