

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 5581 State File No. 15817

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>CRAWFORD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL GALENA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST MINERAL</b>	
c. LENGTH OF STAY (in this place) <b>4 DAYS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROUTE 1, JOPLIN</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SOPHRONIA</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>SOWDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 28, 1955</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>1868</b>		9. AGE (In years last birthday) <b>87-86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	
11. BIRTHPLACE (State or foreign country) <b>KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	

13a. FATHER'S NAME <b>UNK</b>		13b. MOTHER'S MAIDEN NAME <b>UNK</b>		14. NAME OF HUSBAND OR WIFE <b>DR. LESLIE L. SOWDER, DEC'D</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS NED BLAIR, 508 GRAY, JOPLIN, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic myocarditis</b>		DUPLICATE OF (b) <b>Arteriosclerosis</b>			<b>Unknown</b>	
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			<b>Unknown</b>	
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"/>	
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 **ADDOX**, 1945, to **5-28-55**, 19\_\_, that I last saw the deceased alive on **Unknown**, 19\_\_, and that death occurred at **10:00am**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. B. Kuhn, Jr., M.D.</b>		23b. ADDRESS <b>321 FIFTH Building, Joplin, Missouri</b>		23c. DATE SIGNED <b>5-28-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5-31-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>STAR CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>WEST MINERAL, KANSAS</b>	

DATE REC'D BY LOCAL REG. <b>6-1-55</b>		REGISTRAR'S SIGNATURE <b>W. S. James</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

190  
54

Can be used for...

County File Number 55-5-383  
Date Filed JUN 6 1955  
HEALTH OFFICE

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*F. M. Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2319

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.