

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19148

State File No. ....

FILED JUL 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (In this place) <b>5 YRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>215 EAST 13TH ST.</b>		d. STREET ADDRESS (If rural, give location) <b>215 EAST 13TH ST.</b>	

3. NAME OF DECEASED (Type or Print) <b>JULIA TOWERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 1, 1955</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 3, 1914</b>	9. AGE (In years last birthday) <b>41</b>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MOUNT, VA.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>STANLEY CHOMA</b>	13b. MOTHER'S MAIDEN NAME <b>SOPHIE ROSKA</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN W. TOWERS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>JOHN W. TOWERS, 215 E. 13TH ST.</b>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the right ovary</b>		INTERVAL BETWEEN ONSET AND DEATH <b>From 9-30-54 to time of death</b>
	ANTECEDENT CAUSES Morbidity 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 <b>10-6-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the right ovary</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-3-49, 19  , to 7-1-55, 19  , that I last saw the deceased alive on 6-30-55, 19  , and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. R. Kuhn, Jr., M.D.</b>	23b. ADDRESS <b>321 Frisco Building, Joplin, Missouri</b>	23c. DATE SIGNED <b>7-2-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-5-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>7-6-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

County File Number 03-2958  
Date Filed JUL-1-1955

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.