

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26727

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5578		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Prosperity Comm) Joplin Twp. c. LENGTH OF STAY (in this place) 49 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Rt 1 Joplin Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper c. CITY OR TOWN Prosperity Mo d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) Rural Rt 1 Joplin Mo 0490			
3. NAME OF DECEASED (Type or Print) a. (First) Loretta b. (Middle) Faye c. (Last) Owans			4. DATE OF DEATH Aug. 20 1955		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 20, 1887		9. AGE (in years last birthday) 68 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		11. BIRTHPLACE (City and State or Foreign Country) Granby Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jeff Vaughn		13b. MOTHER'S MAIDEN NAME Heneritta Mosby		14. NAME OF HUSBAND OR WIFE Ben Owens			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Ben Owens R.R. 1 Joplin Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ovary with multiple metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 175X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
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 6/20, 1955, to 8/20, 1955, that I last saw the deceased alive on 7/22, 1955, and that death occurred at 1:16 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Charles E. Lucey, M.D.		(Degree or Title)		23b. ADDRESS 201 W. 3rd, Guthrie, Mo.		23c. DATE SIGNED 8/22/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 22, 1955		24c. NAME OF CEMETERY OR CREMATORY Granbyville Cemetery		24d. LOCATION (City, town, or county) (State) Granbyville, Mo.	
DATE REC'D BY LOCAL REG. 8-22-55		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson Mortuary Webb City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Webb City, Mo.

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

0.300
0.48

Date Filed AUG 29 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Blayton M Johnston*

Licensed Embalmer No. *436*

P. O. Address *Webb City*

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.