

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32852**

| | | | | | | | |
|---|-------------------------------|---|--|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>967</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>10 years</u> | | c. CITY OR TOWN <u>Springfield</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1020 West State</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1020 West State</u> 03490 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> | | | b. (Middle) <u>WARD</u> | | c. (Last) <u>OWEN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 29 1955</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>October 20, 1884</u> | | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Sam Ward</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Ward</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tom Owen, Springfield, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of Colon with metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> | |
| 19a. DATE OF OPERATION <u>10/10/55</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>GENERALIZED CARCINOMATOSIS</u> | | | | 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) (Min.) _____ | | 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 <u>10/10</u> , 19 <u>55</u> , to <u>October 29, 19 55</u> , that I last saw the deceased alive on <u>10/10</u> , 19 <u>55</u> , and that death occurred at <u>10:00 A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James T. Brown M.D.</u> | | | | 23b. ADDRESS <u>Professional Bldg.</u> | | 23c. DATE SIGNED <u>11-1-55</u> | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 31, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near, Springfield, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-2-55</u> | | REGISTRAR'S SIGNATURE <u>Clark Williamson</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Windle, Springfield, Mo.</u> | | ADDRESS <u>B.W.</u> | |

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

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 *Robert E. Muhlesman*

Licensed Embalmer No. *4916*

P. O. Address *Springfield*

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.