

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33759

State File No. \_\_\_\_\_

BIRTH NO. 36831-55 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 453

1. PLACE OF DEATH  
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE Missouri  
b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin

c. LENGTH OF STAY (In this place) 8 dys.  
c. CITY OR TOWN Joplin  
d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital

e. STREET ADDRESS (If rural, give location) 915 North Porter 04950

3. NAME OF DECEASED  
a. (First) June Marie  
b. (Middle) Owen  
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 7 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH June 17, 1955

9. AGE (In years) (Month) (Day) (Year) (If under 12 Hrs. Hours) (Min.)  
4 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bert B. Owen

13b. MOTHER'S MAIDEN NAME Katherine Morrison

14. NAME OF HUSBAND OR WIFE None

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  
Bert B. Owen 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) Mucoviscidosis  
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.

INTERVAL BETWEEN ONSET AND DEATH  
4 MONTHS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
1380

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 June 17, 1955, to Nov. 7, 1955, that I last saw the deceased alive on Nov 7, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. A. Schulte, M. D.

23b. ADDRESS 2125 Jackson, Joplin, Mo

23c. DATE SIGNED 11/8/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 9, 55

24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.

24d. LOCATION (City, town, or county) (State) Joplin Mo.

DATE REC'D BY LOCAL REG. 11-10-55  
REGISTRAR'S SIGNATURE G. A. Schulte

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Edith Glover Joplin

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

RECEIVED NOV 14 1955  
Jasper County Health Office  
County File No. 55-11-269  
Date Filed NOV 14 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 Bob Glover .....

Licensed Embalmer No. 45

P. O. Address Joplin

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.