

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37599**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **5837** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>		
b. CITY OR TOWN <b>Rural</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Neosho</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West Benton Twp.</b>			d. STREET ADDRESS (If rural, give location) <b>419 No. Lafayette St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Edward</b> c. (Last) <b>Owens</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 3, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 27, 1928</b>		9. AGE (In years last birthday) <b>27</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Processor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Milnot Milk Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Brockwell Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Clemet Owens</b>		13b. MOTHER'S MAIDEN NAME <b>Martina Moody</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Byrd Owens</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>World War II</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Owens</b> ADDRESS <b>Neosho Missouri</b>		
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) <b>Gun Shot wound in chest</b> ANTECEDENT CAUSES DUE TO (b) <b>while Deer hunting</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>9191</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>43</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Newton County Missouri</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11-3-55 5:30P.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>accidental discharge of gun</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:30P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Melvin C. Bourman</b>			23b. ADDRESS <b>Neosho, Mo.</b>		23c. DATE SIGNED <b>11/7/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-6-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gibson</b>	24d. LOCATION (City, town, or county) (State) <b>Neosho Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-9-55</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bourman</b> <b>223-</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carley Thompson Jr.</b> ADDRESS <b>Neosho Mo.</b>		

(Licensed Embalmers' Statement on Reverse Side)

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

1957

NOV 21 1957

REVIEW

Date

MISSOURI

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 Student Embalmer

Signed [Handwritten Signature]

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.