

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1955

State File No. **37600**

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5835 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SHOAL CREEK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL SHOAL CREEK	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) RT. 4, BOX 274, JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural Route			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) PAUL	c. (Last) OWENS	4. DATE OF DEATH (Month) (Day) (Year) OCT. 19, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 19, 1911	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WRAPPER	10b. KIND OF BUSINESS OR INDUSTRY MARKWARDT'S BAKERY	11. BIRTHPLACE (State or foreign country) ARCHVILLE, TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME C. O. OWENS	13b. MOTHER'S MAIDEN NAME ELIZABETH HEADEN	14. NAME OF HUSBAND OR WIFE MRS. EVA OWENS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES	16. SOCIAL SECURITY NO. W. W. 11	17. INFORMANT'S SIGNATURE OR NAME MRS. NELL M. BAKER, 1831 WALL ST.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BROKEN NECK		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto Accident 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newton, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-19-55	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Accident
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22. I hereby certify that I attended the deceased from _____, 19____, to 10-19, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Boley Thompson</i>	(Degree or title) Coroner	23b. ADDRESS Neosho Mo.	23c. DATE SIGNED 10-26-55
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24a. BURIAL/CREMATION REMOVAL (Specify) BURIAL	24b. DATE 10-25-55	24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. 11-14-55	REGISTRAR'S SIGNATURE <i>Boley Thompson</i>	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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DEC 12 1953

JAN 20 1954

FEB 15 1954

FEB 25 1954

RECEIVED

Director

District

Date Filed

NEWTON COUNTY HEALTH UNIT

NEOSHO, 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *F.M. Jones*

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 complete the above constitutes grounds for revocation of license.)

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