FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41134

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Jasper County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mineral Township
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jasper County T.B.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 414 North Oak Street

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) Leroy c. (Last) Vowiell

4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 1955

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH 1-6-1888

9. AGE (In years last birthday): 67 — If under 1 year: Months 11, Days 27; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Aurora, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Arch M. Vowiell

13b. MOTHER'S MAIDEN NAME: Lillie Virgin

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. 491-07-8913

17. INFORMANT'S SIGNATURE OR NAME George H. Hobbs, M.D. **ADDRESS**

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Silico Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

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.* 002X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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* 12-28, *19*55, *to* 12-29, *19*55, *that I last saw the deceased alive on* 12-29, *19*55, *and that death occurred at* 10:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George H. Hobbs, M.D. **23b. ADDRESS** Jasper Co. T.B. Hosp. **23c. DATE SIGNED** 12-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE** 12-31-1955 **24c. NAME OF CEMETERY OR CREMATORY** Ozark Memorial **24d. LOCATION** (City, town, or county) Joplin **(State)** Mo

DATE REC'D BY LOCAL REG. 1-1-'56 **REGISTRAR'S SIGNATURE** Mrs. Madeline Switzer **25. FUNERAL DIRECTOR'S SIGNATURE** Thornhill-Dillon **ADDRESS** Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 9 1955
Jasper County Health Office
County File Number 56-1-32
Date Filed JAN 9 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 _____
Student Embalmer

Signed William E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, Mo

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.