

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13741

State File No.

BIRTH NO. 25166-56 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 62

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 WEBB CITY		c. LENGTH OF STAY (In this place) 3 MINUTES	c. CITY OR TOWN WEBB CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS 20 SOUTH JEFFERSON		0742	
3. NAME OF DECEASED (Type or Print) a. (First) DENNIE b. (Middle) LEE c. (Last) OWEN			4. DATE OF DEATH (Month) (Day) (Year) APRIL 5 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH APRIL 5 1956
9. AGE (In years last birthday) 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	11. BIRTHPLACE (City and State or Foreign Country) WEBB CITY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME GERALD L OWEN	
14. MOTHER'S MAIDEN NAME LEONA GOODPASTURE		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. SOCIAL SECURITY NO. NONE	
18. INFORMANT'S SIGNATURE OR NAME GERALD L OWEN		ADDRESS WEBB CITY, MO	
19. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES <u>Premature birth</u> 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 <u>2 min.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION	
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)	
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>April 5, 1956</u> , to <u>April 5, 1956</u> , that I last saw the deceased alive on <u>April 5, 1956</u> , and that death occurred at <u>3:28 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H.R. Ferr.</u> (Degree or title)		23b. ADDRESS <u>530 1/2 Main St. Joplin 4-9-56</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE APRIL 7, 1956		24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY	
24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.	
DATE REC'D BY LOCAL REG. 4-9-56		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Surtz</u>	

(Licensed Emballer's Statement on Reverse Side)

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

6.300
0.48

4

RECEIVED APR 16 1956
Jasper County Health Office

County File Number 5-6-4-321

Date Filed APR 16 1956

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

placed in fluid pack

Signed *L. J. Lewis*.....

Licensed Embalmer No. 450

P. O. Address Wade, Ga.

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.