

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 18 1960

INDEXED

Registration District No. 120

Primary Registration District No.

Registrar's No. 71

-60-037983

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higgins twp.		Length of stay in lb 21 yrs.		c. CITY OR TOWN Stanberry		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 Miles Northeast		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8 Mile Northeast		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MURREL Middle ORVIS Last SHOWEN				4. DATE OF DEATH Month Oct , Day 8 , Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-24-1910	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 50 Days 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming		11. BIRTHPLACE (City and state or country) Stanberry, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Curtis Edward Showen		13b. MOTHER'S MAIDEN NAME Vertie Law		14. NAME OF HUSBAND OR WIFE Mrs. Flora A. Showen			
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. 487-42-5029		17. INFORMANT Address Mrs. Flora A. Showen, Stanberry, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <i>Multiple fracture of Skull with massive hemorrhage in brain. Multiple active glibos due to tractor burning over on him</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 15 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Tractor turned over on him</i>					
20c. TIME OF INJURY <i>2:45 p.m.</i>	Hour 10 Month 8 Day 60						
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION Stanberry		COUNTY Mo	STATE Mo		
21. I attended the deceased from Death occurred at 2:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Jack Barnes, Jr.</i> (Degree or title) Coroner				22b. ADDRESS King City Mo		22c. DATE SIGNED 10-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-11-60	23c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery		23d. LOCATION (City, town, or county) Stanberry, Mo.		(State)	
24. FUNERAL DIRECTOR JOHNSON FUNERAL HOMES, Stanberry, Mo.			25. DATE RECD. BY LOCAL REG. 10-11-60		26. REGISTRAR'S SIGNATURE <i>Mrs. L. W. Bare</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 9 1980

0961 6 T 1001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ross Evan Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry

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.