

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 859
Registrar's No. No 2

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>10</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED a. (First) <u>Griffin</u> b. (Middle) <u>-</u> c. (Last) <u>Sowards</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 49</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Mar. 25 - 1872</u> |
| 9. AGE (In years last birthday) <u>76</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 11. BIRTHPLACE (State or foreign country) <u>Denver, Mo.</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Henry Sowards</u> | | 13b. MOTHER'S MAIDEN NAME <u>Matilda Brumfield</u> | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. <u>500-07-5183</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>George Sowards</u> ADDRESS <u>Albany Mo.</u> |
| 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) <u>Myocardial thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u> 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 <u>40</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) <u>Albany, Gentry Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>U</u> | |
| 22. I hereby certify that I attended the deceased from <u>11-1-48</u> , to <u>1-2-49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Frank H. Rose</u> (Degree or title) | | 23b. ADDRESS <u>Albany, Mo.</u> | 23c. DATE SIGNED <u>1-3-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 5 - 49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Muller</u> | 24d. LOCATION (City, town, or county) (State) <u>Denver, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Jan 18 - 1949</u> | REGISTRAR'S SIGNATURE <u>Horner N. Nebeker</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chifford Brown</u> ADDRESS <u>Albany Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

38
10

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. H. Foster
Brook

Licensed Embalmer No. 3329

P. O. Address Albany Mo

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