No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 19 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 5580

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 4264 Registrar's No. 18

**1. PLACE OF DEATH**
a. COUNTY: LACLEDE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONWAY
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conway 0530
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): WILLIAM
b. (Middle): LEANDER
c. (Last): GOWER

**4. DATE OF DEATH** (Month) (Day) (Year): 1-30-1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: 11-16-1876
**9. AGE** (In years last birthday): 75 — If under 1 year: Months 2, Days 16 — If under 1 hr.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: retired
**11. BIRTHPLACE** (State or foreign country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Asa Gower
**13b. MOTHER'S MAIDEN NAME**: Lucy Alley
**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):
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: Russell Gower — **ADDRESS**: Rueland Mo

**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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 2
DUE TO (c): — 1

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death*: Chr. Pulmonary TBC

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 4201A
**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 _____, 19 40 to 1-30, 1952, that I last saw the deceased alive on 1-29, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

**23a. SIGNATURE**: [illegible] (Degree or title): M.D.
**23b. ADDRESS**: Buffalo Mo
**23c. DATE SIGNED**: 1-31-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 2-3-1952
**24c. NAME OF CEMETERY OR CREMATORY**: Thorpe
**24d. LOCATION** (City, town, or county) (State): Dallas Co Mo

**DATE REC'D BY LOCAL REG.**: 2-9-1952
**REGISTRAR'S SIGNATURE**: Nella L. May
**25. FUNERAL DIRECTOR'S SIGNATURE** **ADDRESS**: R B Jones Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

Received FEB 16 1952
Laclede County Health Unit
File No. 2-52-15
Date Filed FEB 18 1952

## 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 Leonard O. James

Licensed Embalmer No. 2508

P. O. Address Buffalo Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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