

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6932

State File No.

FILED MAR 10 1952

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly 1540</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Fitzgibbons Hosp</u>		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>FAYTON</u> c. (Last) <u>SOWERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1952</u>
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 18, 1885</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR (Months) (Days) <u>5 14</u>	IF DROWNED IN MTS. (Hours) (Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Waverly Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer Sowers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elmer Sowers, Waverly Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma recto-sigmoid</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 months</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 <u>Apr 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Done elsewhere</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
27a. 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>Marshall Saline Mo</u>	
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>Feb. 25</u> , 1952, to <u>Mar. 2</u> , 1952, that I last saw the deceased alive on <u>Mar. 2</u> , 1952, and that death occurred at <u>10:00 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Elmer M. W.</u> (Degree or title)		23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>Mar 3, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>March 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Waverly Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar. 3-1952</u>	REGISTRAR'S SIGNATURE <u>Budney T Gray</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Peterson</u>	ADDRESS <u>Carrollton Mo</u>

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

770

APR 12 1954

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, W.

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.