

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5941

FILED MAR 13 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1058

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HARRISONVILLE</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>PLEASANT VIEW REST HOME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARMINDA</u>		b. (Middle) <u>E.</u>	
c. (Last) <u>GOWING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>Feb 7, 1858</u>
9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE (See 2d)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE _____			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Wilson Pleasant Home</u>	ADDRESS <u>Paula Kansas</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TERMINAL BRONCHIAL PNEUMONIA</u>		DUPLICATE OF (b) <u>ARTERIOSCLEROSIS HEART DISEASE</u>		DUPLICATE OF (c) <u>ARTERIOSCLEROSIS GENERALIZED</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.		II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF (d) <u>Senility, FRACTURE left Hip</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rest Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HARRISONVILLE CASS MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped AND Fell</u>

22. I hereby certify that I attended the deceased from Feb 16, 1953, to Feb 18, 1953, that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 6:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul W Meyer</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>4312 J.C. Kieffel Pkwy</u>	23c. DATE SIGNED <u>2-18-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Feb 20 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lacygnes</u>	24d. LOCATION (City, town, or county) (State) <u>Lacygnes Kansas</u>
DATE REC'D BY LOCAL REG. <u>2-19-53</u>	REGISTRAR'S SIGNATURE <u>Steldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson Pleasant Home</u>	ADDRESS <u>Paula Kansas</u>

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

Kans.

Not Embalmed
to Parla Ks.
Removed

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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 *R. J. Wilson*.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.