S. No. 300
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FILED MAY 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18479

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 102

490
1

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jasper
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Second Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jasper 0490
d. STREET ADDRESS (If rural, give location): South Second Street 0

3. NAME OF DECEASED (Type or Print): a. (First) Sarah b. (Middle) Ann c. (Last) Gowen

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 5, 1869

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (City and State or Foreign Country): Ironton, Missouri. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James Anderson

13b. MOTHER'S MAIDEN NAME: Elizabeth Flowers

14. NAME OF HUSBAND OR WIFE: William Gowen

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.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Molinda Kimes, Jasper, 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) Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

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: 4214

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* 5-1-, 1953, *to* 5-16-, 1953, *that I last saw the deceased alive on* 5-16, 1953, *and that death occurred at* 9:30-P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Knott M.D. 0

23b. ADDRESS: Jasper, Mo.

23c. DATE SIGNED: 5-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/17/53

24c. NAME OF CEMETERY OR CREMATORY: Piedmont

24d. LOCATION (City, town, or county) (State): Piedmont, Mo.

DATE REC'D BY LOCAL REG.: 5-16-53

REGISTRAR'S SIGNATURE: R B Clinton 1 31 52

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sharp & Selvey, Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-21-53
Jasper County Health Office

County File Number 53-5-447
Date Filed 5-21-53

JUL 1 1953

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 Lawson L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.