

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28150

BIRTH NO. 7625 REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Berryman</u>		c. CITY OR TOWN <u>Berryman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0280</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janice</u> b. (Middle) <u>Carol</u> c. (Last) <u>Gowers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb. 23, 1953</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>MD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>	

13a. FATHER'S NAME <u>Ellis Gowers</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Haffer</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ellis Gowers Berryman</u> ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Enteritis</u>		INTERNAL BETWEEN ONSET AND DEATH
	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. <u>5710</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 Aug. 16, 1953 to Aug. 16, 1953 that I last saw the deceased alive on Aug. 16, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE Joseph L. Thurman, M.D. (Degree or title) 23b. ADDRESS Potosi, Mo. 23c. DATE SIGNED 8-18-53

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hoffman</u>		24d. LOCATION (City, town, or county) (State) <u>Berryman, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-4-53</u>		REGISTRAR'S SIGNATURE <u>Ch. Gilha 16-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jonas Funeral Home Steelville Mo.</u>			

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

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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 _____

Henry M. Jones

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Henry M. Jones*

Licensed Embalmer No. *2628*

P. O. Address *Steeleville, 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.