

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5364

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY White Co. <i>K/20</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis, Mo. <i>4</i>		c. LENGTH OF STAY (In this place) 5 Yrs.	c. CITY OR TOWN Carmi
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bernard Nursing Home.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>8</i>	
• STREET ADDRESS		(If rural, give location) 210 Hebert St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Susan	b. (Middle) Ann	c. (Last) Gowdy	4. DATE OF DEATH (Month) (Day) (Year) June 15, 1954.
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <i>2</i>	8. DATE OF BIRTH Oct. 30, 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Carmi, Illinois, /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Bruder	13b. MOTHER'S MAIDEN NAME Susan Hadden	14. NAME OF HUSBAND OR WIFE Joseph Gowdy DCSD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Camile M. Foerster, 9821, Lenore Dr.	ADDRESS
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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.	MEDICAL CERTIFICATION Airtton, MO.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis heart disease		5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis DUE TO (c)		10+ yrs
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from Jan. 1946, to June 15, 1954, that I last saw the deceased alive on June 12, 1954, and that death occurred at 1 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. Horner M.D.	23b. ADDRESS 114 N. Taylor, Strong 8	23c. DATE SIGNED 6-15-54
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24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-15-54	24c. NAME OF CEMETERY OR CREMATORY Maple Ridge Cem.	24d. LOCATION (City, town, or county) (State) Carmi, Illinois.
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DATE REC'D BY LOCAL REG. JUN 15 1954	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *John S. Denner*
Licensed Embalmer No. *719*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.