

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 25 1954

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3040 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Chillicothe hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> <u>2592</u>	
		d. STREET ADDRESS (If rural, give location) <u>1021 Bryan St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SIMEON</u> b. (Middle) <u>G.</u> c. (Last) <u>GOWAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 13, 1881</u>
9. AGE (In years last birthday) <u>73</u>	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) <u>Sales clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Drugs</u>	11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William E. Cowan</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Corda Gowan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes About 1898</u>		16. SOCIAL SECURITY NO. <u>489-18-9517</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Corda Gowan, Chillicothe, Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>14 Oct, 1954</u> , to <u>19 Oct, 1954</u> , that I last saw the deceased alive on <u>19 Oct, 1954</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>V. D. Verdine, M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>20 Oct 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10/31/54</u>	REGISTRAR'S SIGNATURE <u>Francis B. New</u> <u>171-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert Jordan Chillicothe Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1954

APR 19 1955

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 *Ronald L. Law*

Licensed Embalmer No. 4191

P. O. Address *Chillicothe, 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.