

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7389

FILED MAR 25 1955

State File No.

BIRTH NO. 12897-55 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY <p align="center">Butler</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Butler</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Poplar Bluff</p>		c. LENGTH OF STAY (in this place) <p align="center">life</p>		c. CITY OR TOWN <p align="center">Poplar Bluff</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Doctors Hospital</p>		STREET ADDRESS (If rural, give location) <p align="center">515 S. "C"</p>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Unnamed Baby</u> b. (Middle) <u>Gowan</u> c. (Last) <u>Gowan</u>			4. DATE OF DEATH (Month) (Day) (Year) <p align="center">3-7-55</p>		
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5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">W</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">infant</p>	8. DATE OF BIRTH <p align="center">3-7-55</p>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 2 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) <p align="center">infant</p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Poplar Bluff, Missouri</p>	12. CITIZEN OF WHAT COUNTRY <p align="center">USA</p>
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13a. FATHER'S NAME <p align="center">Burnis Gowan</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Virginia Shelton</p>	14. NAME OF HUSBAND OR WIFE <p align="center">---</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p align="center">No</p>	16. SOCIAL SECURITY NO. <p align="center">---</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Burnis Gowan Poplar Bluff, Mo.</p>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis lungs</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth 6 mo.</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	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?
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22. I hereby certify that I attended the deceased from 3-7-, 1955, to 3-7-, 1955, that I last saw the deceased alive on 2-7-, 1955, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Dred L. Kreibitz MD</p>	(Degree or title)	23b. ADDRESS <p align="center">Poplar Bluff, Mo.</p>	23c. DATE SIGNED <p align="center">3/12/55</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">3-7-55</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Woodlawn Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Poplar Bluff, Mo.</p>
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DATE REC'D BY LOCAL REG. <p align="center">3/14/55</p>	REGISTRAR'S SIGNATURE <p align="center">C. H. Muehle</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Greer Croy & Fitch</p>	ADDRESS <p align="center">Poplar Bluff, Mo.</p>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 21 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____

not embalmed

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.