

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25225**

FILED AUG-24 1955

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY OR TOWN Monett		c. CITY OR TOWN Monett	
c. LENGTH OF STAY (in this place) 17 Das.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital		e. STREET ADDRESS (If rural, give location) 310 Fourth St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Archie	b. (Middle) Beck	c. (Last) Gowing	4. DATE OF DEATH (Month) (Day) (Year) 8 16 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH Oct. 8, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 10 Days 8	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, R.R. Express	10b. KIND OF BUSINESS OR INDUSTRY R. R. Express	11. BIRTHPLACE (City and State or Foreign Country) Mason, Texas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William C. Gowing	13b. MOTHER'S MAIDEN NAME Sarah A. Marquardt	14. NAME OF HUSBAND OR WIFE Alta Gowing
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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. 712-14-8325	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alta Gowing, Monett, Mo.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral valve disease		15X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary mitral disease		DUE TO (c) ant. believed to be gastric	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Medicinal use of opiates			

19a. DATE OF OPERATION Apr 16	19b. MAJOR FINDINGS OF OPERATION Biopsy of mitral valve - mitral valve disease	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. 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) _____	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 4-15, 1955, to 8-16, 1955, that I last saw the deceased alive on 8-15, 1955, and that death occurred at 12:35 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert P. Bradley MD	23b. ADDRESS Monett, Mo.	23c. DATE SIGNED 8-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 8-18-1955	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Oklahoma City, Okla.
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DATE REC'D BY LOCAL REG. 8-17-55	REGISTRAR'S SIGNATURE Mrs. P. N. Cook	25. FUNERAL DIRECTOR'S SIGNATURE Mercer Funeral Home, Monett, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 855-816

DATE REC. 8-23-55

JUN 6 1956

1956 JUN 2 10 11 AM

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 Roy H. Mercer

Licensed Embalmer No. 44

P. O. Address Monett

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.