

FILED MAR 28 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **9482**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>119</u>			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 1 WEEK		c. CITY OR TOWN JOPLIN		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 TURNER REST HOME - 23RD & GRAND AVE.				e. STREET ADDRESS (If rural, give location) 2930 WISCONSIN AVE.					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) EDWARD		c. (Last) STOWELL		4. DATE OF DEATH (Month) (Day) (Year) MAR. 16, 1956			
5. SEX M: <input checked="" type="checkbox"/> W: <input type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT. 2, 1877		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 MRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POLICE OFFICER ST. LOUIS POLICE DEPT.			10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS POLICE DEPT.		11. BIRTHPLACE (City and State or Foreign Country) ST. FRANCIS, MINN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOSEPH STOWELL			13b. MOTHER'S MAIDEN NAME ELIZA FULLER			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) UNK			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEO. M. STOWELL, 2930 WISCONSIN AVE.				
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) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mo.	
				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. Terminal pneumonia & nephritis				3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x						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) (Min.)		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>12/31</u> , 19 <u>55</u> , to <u>2/25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Mar 16</u> , 19 <u>56</u> , and that death occurred at <u>7 p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Sam A. Grantham M.D.				23b. ADDRESS 420 Briggs Ave, Joplin Mo		23c. DATE SIGNED 3/18/56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-20-56	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI				
DATE REC'D BY LOCAL REG. 3-28-56		REGISTRAR'S SIGNATURE Novie Merriam		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 27 1956

Jasper County Health Office

County File Number 56-3-2264

Date Filed MAR 27 1956

REC. 7 2 1956

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 F. M. Jones
Licensed Embalmer No. 251

P. O. Address Joplin

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.