

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15267

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6149 Registrar's No. 2713

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley		c. LENGTH OF STAY (in this place) 65 years	c. CITY OR TOWN Dudley
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Duck Creek Twp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Route 1 Duck Creek Twp.		10 20 0	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Andrew	c. (Last) McGowen	4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 31, 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Johnson Co. Ill.	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis W. McGowen	13b. MOTHER'S MAIDEN NAME Sarah E. Mathis	14. NAME OF HUSBAND OR WIFE Mezilla J. McGowen
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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. X X X X X X X X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis McGowen Dudley, Mo. R. 1
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Cardiac Decompensation</i> <i>Emphysema</i> <i>Bronchial Asthma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> <i>?</i> <i>1</i>
	II. OTHER SIGNIFICANT CONDITIONS "Conditions contributing to the death but not related to the disease or condition causing death." <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		

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) 241X
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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 1952, 19, to 23 Jan, 1956, that I last saw the deceased alive on 20 Jan, 1956, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. J. B. Johnson</i>	23b. ADDRESS <i>321 Oak, Poplar Bluff, Mo.</i>	23c. DATE SIGNED <i>Jan 24 1956</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-25-56	24c. NAME OF CEMETERY OR CREMATORY Hobbs Chapel cemetery	24d. LOCATION (City, town, or county) (State) Dudley, Mo., R. 1
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DATE REC'D BY LOCAL REG. 3/31/56	REGISTRAR'S SIGNATURE <i>Pearl Paul</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Funeral Ser. Dexter, Mo.
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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 *Marsh Wathnis*.....

Licensed Embalmer No...*471*.....

P. O. Address *Sevier 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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