THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41982

STATE FILE NUMBER

FILED DEC 24 1956

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg, Inside Limits Yes ☑ No ☐	c. CITY OR TOWN Knobnoster, Missouri Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center, Ida Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Knobnoster, Mo. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: MAYME Middle: MARIE Last: GOWIN				4. DATE OF DEATH Month Day Year: December 16, 1956
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: November 6, 1893	9. AGE (In years last birthday): 63 — 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): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: Home	11. BIRTHPLACE (City and state or country): Johnson County, Missouri	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13. FATHER'S NAME: Oliver Elzia Drinkwater,		14. MOTHER'S MAIDEN NAME: Anna Geary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no		16. SOCIAL SECURITY NO.: none	17. INFORMANT: Mr. William O. Gowin, Knobnoster, Missouri (Address)	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Diabetic acidosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Diabetes Mellitus — 14 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Intracapsular nephrosclerosis 260X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-15-56, to 12-16-1956 and last saw her/him alive on 12-16-1956

Death occurred at 12:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David R Holmes (Degree or title) M.D.

22b. ADDRESS Warrensburg, Missouri

22c. DATE SIGNED 12-17-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-19-1956

23c. NAME OF CEMETERY OR CREMATORY: Wampler Cemetery

23d. LOCATION (City, town, or county) (State): Knobnoster, Missouri

24. FUNERAL DIRECTOR ADDRESS: R.A. Brauninger, Warrensburg, Missouri

25. DATE RECD. BY LOCAL REG.: Dec. 17, 1956

26. REGISTRAR'S SIGNATURE: Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... , Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R A Braunsdorf

Licensed Embalmer No. 33

P. O. Address Warrensb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.