

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28518

State File No.

FILED AUG 22 1957

| | | | | | | | |
|--|---|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>127</u> | | PRIMARY REG. DIST. NO. <u>3028</u> | | Registrar's No. <u>178</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Carthage</u> | | c. LENGTH OF STAY (in this place) <u>63 yrs</u> | | c. CITY OR TOWN <u>Carthage</u> | | 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 <u>415 E. Macon St.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>400 E. Macon St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> | | | b. (Middle) <u>SANDUSKY</u> | | c. (Last) <u>GOWANLOCK</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13, 1957</u> |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Oct 24, 1858</u> | | 9. AGE (In years last birthday) <u>98</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Near Mattoon, Illinois.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James Carter</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Todd</u> | | 14. NAME OF HUSBAND OR WIFE <u>Thomas Gowanlock</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clyde Logsdon, 400 E. Macon Carthage, Mo.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery arterio-sclerosis, insufficiency, and Occlusion</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u> | |
| | 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. <u>Fracture of femur</u> | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carthage Jasper MO.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 21 '57 9p</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Slipped and fell down steps</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 13, 1957</u> , to <u>Aug 13, 1957</u> , that I last saw the deceased alive on <u>July 31, 1957</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u> | | | | 23b. ADDRESS <u>304 Grant, Carthage, Mo</u> | | 23c. DATE SIGNED <u>8-13-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>8-15-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Aug 15, 1957</u> | | REGISTRAR'S SIGNATURE <u>Emmie Estreit, Deputy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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 embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage

**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.**