

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024342
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 352 Primary Registration District No. 6187 Registrar's No. 48

3. 300
1-57

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Protem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Protem 10600 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) Protem Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) THEODORE McGOWNE			4. DATE OF DEATH July 3, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1906	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 10 Days 9 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) public worker		10b. KIND OF BUSINESS OR INDUSTRY public work	11. BIRTHPLACE (City and state or county) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME James McGowne		13b. MOTHER'S MAIDEN NAME Dora Evans		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) yes WW 2 yes	16. SOCIAL SECURITY NO. WW 2 yes	17. INFORMANT Mrs Mary Nell Kissee	Address Kissee Mills, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH instant
DUE TO (b) unknown		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Bronson, Mo	COUNTY 	STATE
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21. I attended the deceased from 7-4-58, to 7-4-58 and last saw him about 7-4-58
Death occurred at 10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Helen Campbell, Local Registrar	(Degree or title)	22b. ADDRESS Bronson, Mo	22c. DATE SIGNED 7-9-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-6-58	23c. NAME OF CEMETERY OR CREMATORY Peel Cemetery	23d. LOCATION (City, town, or county) Peel Ark.	(State)
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24. FUNERAL DIRECTOR W.S. Cobb	ADDRESS Forsyth, Mo	25. DATE RECD. BY LOCAL REG. 7-9-58	26. REGISTRAR'S SIGNATURE Helen Campbell
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JUL 14 1958

AUG 11 1961

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 *Walter S. Cook*

Licensed Embalmer No. *4731*

P. O. Address *Amey Rd*

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.