

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2306

FILED JAN 24 1949

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 78

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)	
a. COUNTY <u>REYNOLDS</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>ELLINGTON</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Reynolds</u>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington Mo. 90</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>(If rural, give location)</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELMINA</u>	b. (Middle) <u>MATILDA</u>	c. (Last) <u>GOWERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>APRIL 4, 1866</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>82 7 8</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>REYNOLDS Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JACK POQUE</u>	13b. MOTHER'S MAIDEN NAME <u>FLOWERS</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE GOWERS</u>
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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) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CRITCHLEY VOYLES</u>	ADDRESS <u>-</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>41</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Jan 10, 1949, to Jan 12, 1949, that I last saw the deceased alive on Jan 5, 1949 and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. J. Buggi M.D.</u>	23b. ADDRESS <u>Ellington Mo</u>	23c. DATE SIGNED <u>Jan 12, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 13 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELLINGTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ELLINGTON MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Jan 13-1949</u>	REGISTRAR'S SIGNATURE <u>Essie Evans</u>	276	EMERALD DIRECTOR'S SIGNATURE <u>Phyllis Peacock</u>	ADDRESS <u>Ellington</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 1-18-49
District Health Officer No. 8,
District File Number 1460
Date Filed 1-22-49

Check before
Morse & Co. No. 1
L. H. Jones & Co. No. 2
G. H. Smith & Co. No. 3

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. /

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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

[Handwritten signature]