

FILED MAR 24 1949 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8916

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3031 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>De Soto</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>De Soto - Valle, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>-</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. De Soto Star.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Norie 212 Hardy St.</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. De Soto Star.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Missouri</u> c. (Last) <u>Gowan.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 13<sup>th</sup> '49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED: (WIDOWED) (DIVORCED) (Specify) <u>W</u>	8. DATE OF BIRTH <u>May 25<sup>th</sup> 1868</u>
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	11. IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Stephen Pounds</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Pounds</u>		14. NAME OF HUSBAND OR WIFE deceased. <u>Leonard Gowan.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred Gowan, De Soto, Mo.</u>		ADDRESS <u>De Soto, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>	
DUE TO (c) <u>chronic</u>		10 yrs +	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Found dead in bed</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4x4x</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1939</u> , to <u>3/13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-11</u> , 19 <u>49</u> , and that death occurred at <u>a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank E. Jallut MD</u>		23b. ADDRESS <u>De Soto, Mo.</u>	
23c. DATE SIGNED: <u>3/15/49</u>			
24a. (BURIAL) CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 15<sup>th</sup> '49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/18/49</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u> 141	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Motherhead</u>		ADDRESS <u>De Soto, Mo.</u>	

RECEIVED  
District Health Officer No. 9,  
District File Number  
MAR 23 1949  
Date Filed

AUG 1 7 1949

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 Andrew N. England  
working under my personal supervision. Student Embalmer No. 232

Student .....  
Student Embalmer

Signed J. E. Mothershead  
Licensed Embalmer No. 3531

P. O. Address Desate m

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.