

FILED MAR 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 9692

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Far Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital 0			

3. NAME OF DECEASED (Type or Print) Christopher Columbus Gower	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Mar 11-49
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5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 28, 1879	9. AGE (In years last birthday) 69	# UNDER 1 YEAR Months 3 Days 13	# UNDER 1 HR. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance & City Collector	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Near Steelville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Wesley Gower	13b. MOTHER'S MAIDEN NAME Rachel Ruan	14. NAME OF HUSBAND OR WIFE Lacey Garner Gower
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lacey Garner Gower ADDRESS Farmington, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gauger's Appendicitis		INTERVAL BETWEEN ONSET AND DEATH 15 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis		
	DUE TO (c) 501		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis of popliteal		10 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Gauger's Appendicitis & Thrombosis of popliteal	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Farmington, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Feb. 24, 1949**, to **Mar. 11, 1949**, that I last saw the deceased alive on **MAR 10, 1949** and that death occurred at **2:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Geo. R. Walker, M.D.	23b. ADDRESS Farmington, Mo.	23c. DATE SIGNED 3-11-49.
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-13-49	24c. NAME OF CEMETERY OR CREMATORY Parkview	24d. LOCATION (City, town, or county) (State) near Farmington, Mo.
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DATE REC'D BY LOCAL REG. Mar. 12, 1949	REGISTRAR'S SIGNATURE Ethel Riddle	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Cozean ADDRESS Farmington, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAED

of Health Officer No. 4

Number 349-39

Date 3-21-49

OCT 20 1953

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. 4084

P. O. Address Birmingham, Ala.

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.