

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20532

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) Julina c. (Last) Gowley			4. DATE OF DEATH (Month) (Day) (Year) June 25 1949		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10 1877	9. AGE (In years) (Months) (Days) 71 x 15	10. HOURS OF UNDER 1 YEAR 15	10. HOURS OF UNDER 2 WKS _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Mapleton Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John R. Thompson	13b. MOTHER'S MAIDEN NAME Margaret Dameron	14. NAME OF HUSBAND OR WIFE Virgil Lee Gowley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME V. L. Gowley	17. ADDRESS Bowling Green Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 wks 464X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) _____	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 **6/8/49**, 19____, to **6/25/49**, 19____, that I last saw the deceased alive on **6/25/49**, 19____, and that death occurred at **8:15 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Keneller M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 6/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6 27 1949	24c. NAME OF CEMETERY OR CREMATORY Elsherry	24d. LOCATION (City, town, or county) (State) Elsherry Mo
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DATE REC'D BY LOCAL REG. June 27, 1949	REGISTRAR'S SIGNATURE Bernice Callier	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Bankhead	ADDRESS Bowling Green Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

State File Number 2-1-11

Date Filed JUL 1 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Harold C. Kirk

Signed _____
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.