

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23403**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2819**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Oklahoma b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Pawhuska	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 weeks		d. STREET ADDRESS (If rural, give location) 1619 Bighill	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Pownall c. (Last) Govan			4. DATE OF DEATH (Month) (Day) (Year) June 29, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 10, 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Hartford Conn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE LaUna Govan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS La Una Govan Pawhuska, Okla.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of the esophagus, far advanced with		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis		150X	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. extensive metastasis to liver, stomach, omentum, diaphragm and mediastinum			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 **June 20, 1949**, to **June 29, 1949**, that I last saw the deceased alive on **June 28, 1949**, and that death occurred at **9:20A m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Mayer, Jr. (Degree or title)		23b. ADDRESS 618 Prof. Bldg.		23c. DATE SIGNED 6-29-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 7-2-49		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			

DATE REC'D BY LOCAL REG. 6-30-49		REGISTRAR'S SIGNATURE Steraldine Holmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & Mc Clure K. C. Mo.	
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SEP 24 1949

JUL 29 1949

STATEMENT BY LICENSED EMBALMER

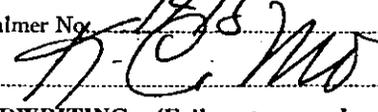
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed



Licensed Embalmer No. 1445

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.