

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 627

FILED FEB 2 1950

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	
c. LENGTH OF STAY (in this place) 38 Yrs.		d. STREET ADDRESS (If rural, give location) 204 Vine St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) McGowan, c. (Last) McGowan,			4. DATE OF DEATH (Month) (Day) (Year) January 26th 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH February 11 1911	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Pipe Factory	11. BIRTHPLACE (State or foreign country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Ed. McGowan	13b. MOTHER'S MAIDEN NAME Bettie Lou Thompson	14. NAME OF HUSBAND OR WIFE _____
---------------------------------------	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-24-4582	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ed. McGowan, Boonville, Missouri	ADDRESS _____
---	---	--	---------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses		INTERVAL BETWEEN ONSET AND DEATH a few hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis (occlusion)		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.	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 **Jan 26, 1950**, to **Jan 26, 1950**, that I last saw the deceased alive on **Jan 26, 1950**, and that death occurred at **4 1/2 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Hoover	23b. ADDRESS Boonville Mo	23c. DATE SIGNED Jan 27 1950
--	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 29/1950	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville Missouri.
---	----------------------------------	--	--

DATE REC'D BY LOCAL REG. Jan 28 1950	REGISTRAR'S SIGNATURE D. H. Hoover	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	ADDRESS _____
---	---	--	---------------

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

0272
1

0272
0

RECEIVED

JAN 30

District Health Officer No. 8,

District File Number.....

Date Filed 2-1-50.....

FEB 15 1950

FEB 17 1950

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.

Student
Student Embalmer

Signed G. F. Roller.....

Licensed Embalmer No. 3067.....

P. O. Address Rockville, Mo......

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.