

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13623**
 Registrar's No. **107**

FILED APR 24 1951

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3556**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 118 So 4th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 118 So 4th St			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) H c. (Last) McKOWN			4. DATE OF DEATH (Month) (Day) (Year) April 16 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 9 1875			9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Days 8 Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Evelina Bailey		14. NAME OF HUSBAND OR WIFE Carrie	
-----------------------------------	--	---	--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Mrs Carrie Schooling McKOWN ADDRESS Moberly Mo	
---	--	---	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Rheumatism <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>					
		DUE TO (c)					
		11. OTHER SIGNIFICANT CONDITIONS <i>*Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		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)		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 **1938** to **April 16, 1951**, that I last saw the deceased alive on **April 15, 1951**, and that death occurred at **4:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. E. Alexander M.D. (Degree or title)		23b. ADDRESS Clifton Hill		23c. DATE SIGNED 4-17-51	
--	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 18 1951		24c. NAME OF CEMETERY OR CREMATORY Clifton Hill		24d. LOCATION (City, town, or county) (State) Clifton Hill Mo	
---	--	------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG Apr 18 - 51		REGISTRAR'S SIGNATURE Paul Sullivan		25. FUNERAL DIRECTOR'S SIGNATURE Joseph Mahan and Son ADDRESS Moberly, Mo.	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-67-773
Date Filed: APR 23 1951

STATEMENT BY LICENSED EMBALMER

APR 25 1951

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly, 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.