

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19946**

FILED JUN 22 1951

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) Bethany		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Ridge - Adams Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany Hospital and Clinic		d. STREET ADDRESS (If rural, give location) Adams Township, 0410	

3. NAME OF DECEASED (Type or Print) Dr. Guy Arnold Stowers	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6-11-1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 3-20-1874	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months 2 Days 21	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) medical doctor	10b. KIND OF BUSINESS OR INDUSTRY doctor	11. BIRTHPLACE (State or foreign country) Coffeyville, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John P. Stowers	13b. MOTHER'S MAIDEN NAME Mariam Arnold	14. NAME OF HUSBAND OR WIFE none
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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. no	17. INFORMANT'S SIGNATURE OR NAME James Watts	ADDRESS Blue Ridge, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, Primary		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 (Specify) Auto	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 71569 & 136 & 13	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Bethany Harrison MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 11 1951 9^{am}	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto truck collision
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22. I hereby certify that I attended the deceased from **June 4, 1951**, to **June 11, 1951**, that I last saw the deceased alive on **June 11, 1951**, and that death occurred at **12:36 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Mariam Stowers (Degree or title)	23b. ADDRESS Bethany Mo	23c. DATE SIGNED 6/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/13/51	24c. NAME OF CEMETERY OR CREMATORY Miriam	24d. LOCATION (City, town, or county) (State) Bethany, Mo.
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DATE REC'D BY LOCAL REG. 6-16-51	REGISTRAR'S SIGNATURE Zola Burris 116	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Haas ADDRESS Bethany, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *W. B. Innes*

Signed _____
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.