

59167-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29337

FILED SEP 10 1951

BIRTH NO. REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6285 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u> <u>1140</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY OR TOWN <u>MIN GROVE, TOWNSHIP</u> LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Min Grove Township 1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LONNIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>McGower</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 31 1951</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 30, 1951</u>	9. AGE (In years last birthday) <u>0</u>	# UNDER 1 YEAR Months <u>0</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>	11. BIRTHPLACE (State or foreign country) <u>Min Grove, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Vernon McGowan</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Carter</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon McGowan</u> ADDRESS <u>min grove</u>

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	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 <u>776x</u>	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 30 Aug, 1951, to 31 Aug, 1951, that I last saw the deceased alive on 30 Aug, 1951, and that death occurred at 8:20 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Self</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mountain Rest MO</u>	23c. DATE SIGNED <u>31 Aug 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sep 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Mountain</u>	24d. LOCATION (City, town, or county) (State) <u>Rayburn MO</u>
DATE REC'D BY LOCAL REG. <u>9-1-51</u>	REGISTRAR'S SIGNATURE <u>J.B. Ames</u>	348	25. FEDERAL DIRECTOR'S SIGNATURE <u>Shabb-Wind</u> ADDRESS <u>min grove, mo</u>

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

County File Number 251-86  
Date Filed April 8, 1951  
HEALTH DEPT.

**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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wm. Young, Jr.

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.