

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1746**

**FILED FEB 13 1952**

BIRTH NO.		REG. DIST. NO. <b>157</b>		PRIMARY REG. DIST. NO. <b>3028</b>		Registrar's No. <b>21</b>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Carthage</b>		c. LENGTH OF STAY (in this place) <b>32 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Carthage</b>		<b>1493</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>McCune-Brooks Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>318 S. Orner St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CORA</b>		b. (Middle) <b>ELLA</b>		c. (Last) <b>GILLUM SOWARDS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 3, 1952</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 4, 1887</b>	
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>California, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Carney</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Henry S. Sowards</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H.S. Sowards, 318 Orner, Carthage, Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Stomach</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with metastasis.</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
19a. DATE OF OPERATION <b>8/27/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Stomach</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>151X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>no</b>		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 <b>Oct 4, 1951</b> , to <b>Feb 3, 1952</b> , that I last saw the deceased alive on <b>Feb 3, 1952</b> , and that death occurred at <b>9:55p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>George H. Wood</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Carthage, Mo</b>		23c. DATE SIGNED <b>2-4-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Feb 6, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo</b>	
DATE REC'D BY LOCAL REG. <b>2-5-52</b>		REGISTRAR'S SIGNATURE <b>L.B. Clinton, MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Knell Mortuary, Carthage, Mo</b>			

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

**493**

RECEIVED 2-12-52  
Jasper County Health Office

County File Number 52/2/122

Date Filed 2-13-52

2961 2 NVT

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.