.S. No. 300
Rev. 10-48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9138

BIRTH NO. _____ REG. DIST. NO. 2012 PRIMARY REG. DIST. NO. 3044 Registrar's No. 16

0661
1

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

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon
c. LENGTH OF STAY (in this place): 16 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walnut & High - Sts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon
d. STREET ADDRESS (If rural, give location): Walnut & High - Sts

3. NAME OF DECEASED (Type or Print): a. (First) Clara - b. (Middle) Dela - c. (Last) McGowan

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1 July 1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY: At-Home
11. BIRTHPLACE (State or foreign country): Serogordo - Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Geo - Massee
13b. MOTHER'S MAIDEN NAME: Bertha - Coulver
14. NAME OF HUSBAND OR WIFE: Gideion - McGowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Gideion - McGowan - ADDRESS: Eldon

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA of UTERUS — INTERVAL BETWEEN ONSET AND DEATH: 3 YR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CIRICITUS — 3 YR
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: 174X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 5-1, 1951, *to* Mar 15, 1952, *that I last saw the deceased alive on* Mar 15, 1952, *and that death occurred at* 1:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: A F Birkstreiter (Degree or title) D.O.
23b. ADDRESS: Eldon Mo
23c. DATE SIGNED: 17 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 19 March 52
24c. NAME OF CEMETERY OR CREMATORY: Hillside - Cem
24d. LOCATION (City, town, or county) (State): Sheffield - Iowa

DATE REC'D BY LOCAL REG.: Mar. 17, 1952
REGISTRAR'S SIGNATURE: Alverretta Walt 142-0
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kays, ADDRESS: Eldon Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1952
COUNTY HEALTH
DEPARTMENT

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 Keith M Kays

Licensed Embalmer No. 1399

P. O. Address Eldon 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.