

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15497

FILED MAY 20 1952 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5014 Registrar's No. 85

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

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Rural: Jefferson</b>		c. LENGTH OF STAY (in this place) <b>4 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural: Jefferson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R. #2</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. #2, Savannah</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elmer</b>		b. (Middle) <b>Leo</b>		c. (Last) <b>Gower</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1952</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 22, 1890</b>		9. AGE (In years last birthday) (If under 1 year: Months) (Days) (Hours) (Min.) <b>61</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Andrew Gower</b>		13b. MOTHER'S MAIDEN NAME <b>Mary unk.</b>	
14. NAME OF HUSBAND OR WIFE <b>Lula Gower</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. <b>Unk.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lula Gower, Savannah, Missouri</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEART DISEASE, RHEUMATIC</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>		II. OTHER SIGNIFICANT CONDITIONS <b>ANTECEDENT CAUSES</b> <b>RHEUMATIC FEVER</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <b>DUE TO (c)</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>416X</b> YES <input type="checkbox"/> NO <input 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) (Min.)		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>12/17/50</b> , 19___, to <b>5/9/52</b> , 19___, that I last saw the deceased alive on <b>5/8/52</b> , 19___, and that death occurred at <b>2:10a</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) <b>H. C. Clark</b>		23b. ADDRESS <b>706 Francis St. Joseph, Mo.</b>		23c. DATE SIGNED <b>5-9-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/11/1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery, Savannah, Missouri</b>	
24d. LOCATION (City, town, or county) <b>Savannah, Missouri</b>		DATE REC'D BY LOCAL REG. <b>5-12-52</b>		REGISTRAR'S SIGNATURE <b>Lillian Sparks</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Bowman</b>		ADDRESS <b>Funeral Home</b>			

(Licensed Embalmer's Statement on Reverse Side)

*St. Joseph, Mo.*

**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.....

*Eugene Wood*

..... Licensed Embalmer No. *3824*.....

P. O. Address *314 So 10th St, York, Pa*.....

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.