No. 300
10.48
160
4

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42556

State File No.

FILED JAN 13 1953

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HICKMAN MILLS
c. LENGTH OF STAY (In this place): 26 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Nursing Home 875 Hillcrest

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kansas City 3768
d. STREET ADDRESS (If rural, give location): 5407 Euclid Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): J.
c. (Last): McGOWAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 17 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 1866
9. AGE (In years last birthday): 86 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): West Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lou McGowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Ralph Drake, 5316 Ash, K.C. Mo.

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): Coronary Occlusion — 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: 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Natural
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hugh H. Owen (Degree or title): Coroner
23b. ADDRESS: 1034 Pratte Bldg
23c. DATE SIGNED: 12-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: DEC-19-1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): COLUMBUS OHIO

DATE REC'D BY LOCAL REG.: 12/19/52
REGISTRAR'S SIGNATURE: Dr. Annie B. Hodges
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer & Son
ADDRESS: 1324 Grand Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 C. Kerman

Licensed Embalmer No. 4849

P. O. Address K C 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.

State of Illinois
County of Cook } ss.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 4255-52

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 14 day of January, 1953, before me appears Mrs R.E.Drake, who, upon her oath, states that the original record of ~~death~~ birth for Mr Frank J McGowan died ~~born~~ December 17, 1952, in the State of Missouri, and which was filed at Hickman Mills, Mo. on, 19, should be corrected as follows:

Item No. 11 should read September 27,1866

Instead of September 22,1865

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs R.E. Drake Daughter
Relationship.

21109 Maple St Matteson Ill.
Present Address.

Subscribed and sworn to before me this 14 day of January, 1953

NOTARY PUBLIC, COOK COUNTY, ILLINOIS
My Commission expires COMMISSION EXPIRES MAY 8, 1953

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1-3-42
I X32339

JAN 27 1953