

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10500**

**APR 3 1953**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **539**

0581

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

1. PLACE OF DEATH a. COUNTY <b>Linn</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> COUNTY <b>Chariton.</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline.</b>		c. LENGTH OF STAY (in this place) <b>32 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Keytesville</b> <b>0210</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1.</b> <b>1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>Stewart</b> c. (Last) <b>McGown.</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Marc 7, 1953</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>June 21 1881</b>			
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>16</b>		IF UNDER 2 HRS. Hours <b></b> Mins. <b></b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Chariton Co., Mo</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>Farmer</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry McGown</b>			13b. MOTHER'S MAIDEN NAME <b>Kate Stewart</b>			14. NAME OF HUSBAND OR WIFE <b>Sabiell McGown.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>World I</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sabiell McGown, Keytesville, Mo.</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>GENERALIZED CARCINOMATOSIS OF ABDOMEN-</b>									
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				20. AUTOPSY? 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>MAR 5, 1953</b> , to <b>MAR 7, 1953</b> , that I last saw the deceased alive on <b>MAR 7, 1953</b> , and that death occurred at <b>5:10 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Paul T. Berry M.D.</b>				23b. ADDRESS <b>Marceline Mo</b>		23c. DATE SIGNED <b>3-7-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 9, 1953.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant</b>		24d. LOCATION (City, town, or county) (State) <b>near Keytesville, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>3-10-53</b>		REGISTRAR'S SIGNATURE <b>Marceline McGown</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. McLaughlin</b>		ADDRESS <b>Marceline, Mo.</b>			

APR 10 1938

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 X

Student Embalmer No. X

working under my personal supervision.

Student X .....  
Student Embalmer

Signed George W. Davall

Licensed Embalmer No. 4799

P. O. Address Marceline. 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.