

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24129**

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **225**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 12 days		c. CITY OR TOWN Advance	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. STREET ADDRESS No		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) GARMON			b. (Middle) GUS		
c. (Last) TOWERLY			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1872		9. AGE (In years last birthday) IF UNDER 1 YEAR 81 Months 3 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor, ret.		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and State or Foreign Country) Caldwell County, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME James W. Towerly		13b. MOTHER'S MAIDEN NAME Martha Beckmer	
14. NAME OF HUSBAND OR WIFE Ardelia H. Towerly		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Rees Travis		ADDRESS Columbus, Ohio		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic myocarditis	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 month		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
ANTECEDENT CAUSES Valvular Heart Disease		DUE TO (b) Valvular Heart Disease		DUE TO (c) Cancer of Prostate	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of Prostate		19a. DATE OF OPERATION 7-21-53		19b. MAJOR FINDINGS OF OPERATION Cancer of prostate	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4214 H		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 7-18-1953 , to 7-28-1953 , that I last saw the deceased alive on 7-28-1953 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Paul B. ...		(Degree or title) MD		23b. ADDRESS Cape Girardeau, Mo.	
23c. DATE SIGNED 7-28-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 1953	
24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) New Madrid, Missouri		DATE REC'D BY LOCAL REG. 7-29-53	
REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE Walther's Funeral Home	
ADDRESS Cape Gir.		ADDRESS 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.....
Signature of Student Embalmer

Signed *Virgil H. Welch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Girardeau*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.