

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25969

State File No. _____

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> <u>0891</u>	
c. LENGTH OF STAY (In this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>Hubbell Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hubbell Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kermit</u> b. (Middle) <u>Roosevelt</u> c. (Last) <u>Stowner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>January 23, 1903</u>		9. AGE (In years last birthday) <u>50</u> Months <u>6</u> Days <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State) or Foreign Country <u>Levasy, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frank R. Stowner</u>		13b. MOTHER'S MAIDEN NAME <u>Emma B. Hunter</u>		14. NAME OF HUSBAND OR WIFE <u>Emma E. Howard Stowner</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Miss Emma Stowner, Richmond, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple pulmonary emboli</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Rheumatic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u> <u>28 years</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>Richmond, Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	
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22. I hereby certify that I attended the deceased from 9/2, 1951, to 7/25, 1953, that I last saw the deceased alive on 7/23, 1953, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>M. L. Masterson, M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>7/30/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Hope</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>July 31, 1953</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quest Like Funeral Home, Richmond, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

July 9 / 302.

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 *Joseph P. Gile*
Licensed Embalmer No. 4026 G

P. O. Address Richmond, Va

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.