

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32428**
Registrar's No. **65**

FILED OCT 15 1953

REG. DIST. NO. **210**

PRIMARY REG. DIST. NO. **5776**

650

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Washington Twp) c. LENGTH OF STAY (in this place) five		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp. 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) Sowers c. (Last) Sowers		4. DATE OF DEATH (Month) (Day) (Year) 10-4-53	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 5-20-1879
9. AGE (In years, months, days) 74	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work or occupation of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nelson Sower		13b. MOTHER'S MAIDEN NAME Susan Dean	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Guy Sowers		ADDRESS Princeton, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably heart attack INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity 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. Found dead after 3 or 4 days			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4343		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE W. A. Duckett M.D.		23b. ADDRESS Corcoran, Princeton, Mo	23c. DATE SIGNED 10-11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-10-53	24c. NAME OF CEMETERY OR CREMATORY North Evans	24d. LOCATION (City, town, or county) (State) Grundy Co., Mo
DATE REC'D BY LOCAL REG. 10-11-53	REGISTRAR'S SIGNATURE Chad G. Bridges	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul Mason

Licensed Embalmer No. 2634

P. O. Address Summit M

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.