

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

131

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5102 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Warsaw (Foster township)</u>		c. CITY OR TOWN <u>Warsaw</u>	
c. LENGTH OF STAY (In this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>5 1/2 S. E 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IVA</u> b. (Middle) <u>MAUD</u> c. (Last) <u>MOWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Apr 8 1881</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR (Days) <u>8</u> IF UNDER 10 HRS. (Hours) <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>South Dakota</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Oscar D. Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah J. Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>W. H. Mowell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. H. Mowell</u> ADDRESS <u>Warsaw, Mo</u>	

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>Coronary Arteritis</u> ANTECEDENT CAUSES <u>Death infarct</u> DUE TO (b) _____ DUE TO (c) <u>Some Cardiac Decompensation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>6 yrs</u>
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)		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 Aug - 19 1950 Jan 4, 1954 that I last saw the deceased alive on Jan 2, 1954 and that death occurred at 12:15 pm. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Logan MD</u>		23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>Jan 5 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Home</u>		24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 8 1954</u>		REGISTRAR'S SIGNATURE <u>Jas. J. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Chen</u> ADDRESS <u>Warsaw</u>	
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(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..... *John J. Reese*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.