

FILED JAN 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

63

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Mexico</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Pine Lawn</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mexico Nursing Home</u>		STREET ADDRESS (If rural, give location) <u>3633 Pine Grove</u> <u>4161</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>OLIVE</u>	b. (Middle) <u>AGNES</u>	c. (Last) <u>SHOWERS</u>	Month <u>Jan.</u>	Day <u>14</u>	Year <u>1955</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>June 12, 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles C. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Carter</u>		14. NAME OF HUSBAND OR WIFE <u>George A. Showers</u>	
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>Mabel Morgan, 3633 Pine Grove, Pine Lawn, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		<u>6 days</u>	
		ANTECEDENT CAUSES			
		DUE TO (b) <u>Chronic myocarditis</u>		<u>1 year</u>	
		DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>5 years</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Senility</u>		<u>2 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	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 9/16, 1953, to 1/13, 1955, that I last saw the deceased alive on 1/13, 1955, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. L. Sawyer, M.D.</u>		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>1/15/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 15, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wentzville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Jan 15 1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u> <u>9-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.C. Pittman Funeral Home Wentzville</u>
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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 Garlton J. Pitman, Student Embalmer No. 42 working under my personal supervision.

Student Garlton J. Pitman
Signature of Student Embalmer

Signed Annetta M. Pitman

Licensed Embalmer No. 305

P. O. Address Wentzville

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.