

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 1003 State File No. 2571
 Registrar's No. 0641

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2571		Registrar's No. 0641			
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 2 23		c. CITY OR TOWN ST. LOUIS		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL				STREET ADDRESS (If rural, give location) 2350 S. 9th							
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle) Lawson			c. (Last) Gowins			4. DATE OF DEATH (Month) (Day) (Year) Jan 23 55		
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Apr 18, 1882		9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) RETIRED FARMER				10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or foreign Country) ILLINOIS			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME LAWSON GOWINS				13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE OLLIE GOWINS				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOREN GOWINS 2350 S. 9th							
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis						INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)						Mrs.	
				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 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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR 332x						
22. I hereby certify that I attended the deceased from Jan 21, 1955, to Jan 23, 1955, that I last saw the deceased alive on Jan 23, 1955, and that death occurred at 8:55 a.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]				23c. DATE SIGNED 1-23-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-24-55		24c. NAME OF CEMETERY OR CREMATORY GOWINS CEMETERY		24d. LOCATION (City, town, or county) (State) GLENDON, ILLINOIS					
DATE REC'D BY LOCAL REG. JAN 24 1955		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 2906 [Address]						

(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.....
Samuel C. Dill

Licensed Embalmer No. *4347*

P. O. Address *2506*

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.