

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5350

State File No.

FILED MAR 15 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Mineral</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u> <u>0495</u>	
c. LENGTH OF STAY (in this place) <u>1 YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>2024 KENTUCKY AVE.</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County T.B. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>ANN</u> c. (Last) <u>GOWING</u>		4. DATE OF DEATH <u>March 9, 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Nov. 6, 1875</u>
9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></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>Jackson County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Aaron Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>WM P. GOWING, DEC'D</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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>JASPER COUNTY T.B. HOSPITAL RECORDS</u>		ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
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) _____		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 4/10/1954 to 3-9-1955, that I last saw the deceased alive on 3-8-1955, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. P. Raney M.D.</u> (Degree or title)		23b. ADDRESS <u>Box 390 Webb City Mo.</u>		23c. DATE SIGNED <u>3-9-55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) _____		24b. DATE <u>3-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LA CYGNE CEMETERY.</u>	
24d. LOCATION (City, town, or county) (State) _____		24e. NAME OF CEMETERY OR CREMATORY <u>LA CYGNE,</u>		24f. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>3-11-55</u>		REGISTRAR'S SIGNATURE <u>474-JC</u> <u>Ms. Madeline Surter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY</u> ADDRESS <u>JOPLIN MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

County File Number 55-3-169
Date Filed MAR 14 1955

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.