

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14660

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>15</u>				
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>						
b. CITY OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Centralia</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 HOSPITAL OR INSTITUTION <u>Chance Manfg. Co</u>				STREET ADDRESS (If rural, give location) <u>Sunrise Circle</u> <u>0100</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) <u>Henry</u>		c. (Last) <u>Mow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 27, 1911</u>		9. AGE (In years last birthday) <u>43</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u> IF UNDER 1 MRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Executive Pos.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>A.B. Chance Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Robert David Mow</u>			13b. MOTHER'S MAIDEN NAME <u>Eva Joy</u>			14. NAME OF HUSBAND OR WIFE <u>Ann Beck Mow</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>(489-05-8047)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Mow, Centralia, Missouri</u>					ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of brain</u>  ANTECEDENT CAUSES Morbid 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.						INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>		
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) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>factory</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Centralia</u>		(COUNTY) <u>Boone</u>		(STATE) <u>Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 7 55 10a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>38 cal wound thru right eye and brain</u>						
22. I hereby certify that I attended the deceased from <u>5/7/55</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Henry L. Sweet, J.M.D. Coroner</u> (Degree or title) _____						23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>5/7/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City of Centralia</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>May 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Maud McBrade</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill P. Meador</u>		ADDRESS <u>Centralia, Missouri</u>				

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

MAY 16 1955

MAY 27 1955

MAY 27 1955

MAY 27 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.....  
Signature of Student Embalmer

Signed *Bill O. Meador*.....

Licensed Embalmer No. 487

P. O. Address *Centerville*

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.