

FILED JUN 2 1955 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14794

State File No. ....

BIRTH NO. .... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY, <u>Butler</u>	
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Poplar Bluff Rural</u>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Poplar Bluff, Rural</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Poplar Bluff, Mo. R-2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>A.</u> c. (Last) <u>Gowen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 25, 1877</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>19</u> Hours <u>0</u> Min. <u>0</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 -----		11. BIRTHPLACE (State or foreign country) <u>Saline Co. Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>C. C. Evans</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Pyle</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</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>Mary Landis Poplar Bluff, Mo. R-2.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral Arterio Sclerosis ?</u> DUE TO (c) <u>Hypertension Heart Disease ?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>HA3X</u>		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?	

22. I hereby certify that I attended the deceased from 11 May, 1955 to 14 May, 1955, that I last saw the deceased alive on 13 May, 1955, and that death occurred at 12:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Bookman M.D.</u>		23b. ADDRESS <u>321 Oak, Poplar Bluff, Mo. 65270</u>		23c. DATE SIGNED <u>25 May 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-16-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Piggott Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Piggott, Arkansas</u>			

DATE REC'D BY LOCAL REG. <u>5/26/55</u>		REGISTRAR'S SIGNATURE <u>R. H. Murrell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell-Ermert Corning, Ark.</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
MAY 31 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_

-----Me-----

Student Embalmer No. -----

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard O. Emery

Licensed Embalmer No. 782

P. O. Address Corning, Arkansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.