

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16744

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN GRANDVIEW	c. LENGTH OF STAY (in this place) 14 yrs	c. CITY OR TOWN GRANDVIEW	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 408 HIGH GROVE		f. STREET ADDRESS (If rural, give location) 408 HIGH GROVE	

3. NAME OF DECEASED (Type or Print) a. (First) EDITH	b. (Middle) JAUNITA	c. (Last) STOWERS	4. DATE OF DEATH (Month) (Day) (Year) 5-18-56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 11, 1905
9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Sheridan County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Casper Phillips	13b. MOTHER'S MAIDEN NAME Dora Shoemaker	14. NAME OF HUSBAND OR WIFE Emmett Stowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emmett Stowers, Grandview, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation		1-2 min
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion		24+ hrs
DUE TO (c) Arteriosclerotic Heart Disease?			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			6+ yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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 May 18, 1956, to May 18, 1956, that I last saw the deceased alive on May 18, 1956, and that death occurred at 11:24 am from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William A. Kells MD	23b. ADDRESS Grandview, Missouri	23c. DATE SIGNED 5-18-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/20/56	24c. NAME OF CEMETERY OR CREMATORY Keysteville Mo.
		24d. LOCATION (City, town, or county) (State) Keysteville Mo.

DATE REC'D BY LOCAL REG. 5/18/56	REGISTRAR'S SIGNATURE Clayton E. Goddard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George & Sons Inc, Grandview, Mo.
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(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 *Hugh E. Goddard*.....
Licensed Embalmer No. 4911

P. O. Address Grandview,

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.**