

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22618

State File No. \_\_\_\_\_

FILED JUL 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>1110</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>GOWEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28, 1956</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>MAY 22, 1893</u>		9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>	
11. IF UNDER 18 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>REYNOLDS, CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			

13a. FATHER'S NAME <u>WILLIAM H. GOWEN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH ANDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>ELSIE FAY GOWEN</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ELSIE FAY GOWEN</u> ADDRESS <u>PIEDMONT, MO.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism.</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic neuropathy</u> 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>26 hours</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>260X</u>	
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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) <u>Piedmont Wayne MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 6-24, 1956, to 6-24, 1956, that I last saw the deceased alive on 6-22, 1956, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Bourney M.D.</u>		23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>7-3-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 2-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANDERSON CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>NEAR PIEDMONT MO</u>	

DATE REC'D BY LOCAL REG. <u>July 3, 1956</u>		REGISTRAR'S SIGNATURE <u>Hazel Hard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geoff. Funeral Home</u> ADDRESS <u>Piedmont Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

460

JUL 10 1956

RECEIVED  
JUL 7 1956  
WAYNE CO. HEALTH CENTER  
FILE No.

JUL 11 1956

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. me

working under my personal supervision.

Student .....  
Student Embalmer

Signed Marvin E Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.