Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33657

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1009

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1914 N. JEFFERSON — Length of stay in 1b 30 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1914 N. JEFFERSON — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: ROY Middle: T. Last: GOWER
4. DATE OF DEATH Month: NOV. Day: 2, Year: 1956
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH (ABOUT) 1893
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GOVT. EMP.
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ANDY GOWER
14. MOTHER'S MAIDEN NAME NANCY ? GOWER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 382-14-8865
17. INFORMANT PERSONAL PAPERS Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNKNOWN — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 795.5
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
UNATTENDED BY A PHYSICIAN
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ~~I attended the deceased from ____ to ____ and last saw her/him alive on~~
Death occurred at ? P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edith Williamson (Proper or title) Local Registrar of Vital Statistics
22b. ADDRESS Greene County Court House Springfield, Missouri
22c. DATE SIGNED 11/5/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 11-5-56
23c. NAME OF CEMETERY OR CREMATORY GREENLAWN
23d. LOCATION (City, town, or county) SPRINGFIELD, (State) MO.

24. FUNERAL DIRECTOR J. W. Klingner & Co. ADDRESS Spgfd. Mo.
25. DATE RECD. BY LOCAL REG. 11-5-56
26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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