

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14285**  
Registrar's No. **87**

FILED APR 24 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MOBERLY</b>		c. LENGTH OF STAY (in this place) <b>15 HRS</b>	c. CITY OR TOWN <b>MADISON</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WOODLAND HOSP.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS <b>0690</b> (If rural, give location) <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LILLIAN</b> b. (Middle) <b>GIDDINGS</b> c. (Last) <b>CHOWNING</b>			4. DATE OF DEATH <b>APR 11 1957</b> (Month) (Day) (Year)		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 20, 1880</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MONROE Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>THOMAS M. GIDDINGS</b>	13b. MOTHER'S MAIDEN NAME <b>MARY TODD</b>	14. NAME OF HUSBAND OR WIFE <b>J. SCOTT CHOWNING</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>J. Scott Chowning</b> 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infection of the Myocardium, acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Portnox</b>		
	DUE TO (c) <b>Coronary Sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pernicious Anemia</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> 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) (Min)	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 **1942** to **1957**, that I last saw the deceased alive on **Apr 10, 1957**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Will Henry M.D.</b> (Doctor or title)	23b. ADDRESS <b>MOBERLY Mo.</b>	23c. DATE SIGNED <b>4-11-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>APR. 13, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MISSOURI CREMATORY ST. LOUIS, Mo.</b>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed Blakey</b> ADDRESS <b>PARIS, Mo</b>	
DATE REC'D BY LOCAL REG. <b>4-13-57</b>	REGISTRAR'S SIGNATURE <b>Carroll</b>	

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

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MAY 8

1957

**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..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.