

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-017776
STATE FILE NUMBER

FILED JUN 11 1957

Registration District No. 174 Primary Registration District No. 5644 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Lexington Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Wellington Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodloe Rest Home Length of stay in 1b 8 yrs.		d. STREET ADDRESS Not Known (If outside, give location) 2540 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last Mc GOWAN			4. DATE OF DEATH Month April Day 26 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 10, 1863	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Camden, Missouri.	
13. FATHER'S NAME John H. McGowan			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. same		17. INFORMANT Mrs. Louis Bauerle, Kansas City, Mo Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Skin with			INTERVAL BETWEEN ONSET AND DEATH ? 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Metastasis	
		DUE TO (c) 191X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arterio sclerotic heart disease & recurrent decompression			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 June 1954 to April 26-57 and last saw her alive on April 24-57 Death occurred at 6:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. K. Koppelman M.D.		22b. ADDRESS Highway 11, Lexington, Mo		22c. DATE SIGNED May 2-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 28, 1957	23c. NAME OF CEMETERY OR CREMATORY Machpelah	23d. LOCATION (City, town, or county) (State) Lexington, Missouri.
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24. FUNERAL DIRECTOR Forest F. Tempel	25. DATE RECD. BY LOCAL REG. 5-16-57	26. REGISTRAR'S SIGNATURE Wm. S. Hall
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

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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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
[Handwritten Signature]

Licensed Embalmer No. *29*

P. O. Address *[Handwritten Address]*

**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.**