

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43841

STATE FILE NUMBER

FILED JAN 3 1958

Registration District No. 74 Primary Registration District No. 5297 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jackson Township.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Jackson, Township.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 Mi. S. Lathrop Lifetime</b>		Length of stay in 1b	d. STREET ADDRESS <b>7 Mi. S. of Lathrop</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Opal Duke Gow</b>			4. DATE OF DEATH <b>Dec. 5 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 29, 1874</b>	9. AGE (In years at birthday) <b>82</b>	10. FUNDER YEAR Month <b>11</b> Day <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during life even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Clinton Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Thomas M. Brawner</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Berry</b>		14. NAME OF HUSBAND OR WIFE <b>A.E. Gow</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. Boyd Williams Claycomb, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pleural effusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardio-Renal Vascular disease.</b>					10 years
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>442X</b>					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. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 <b>1950</b> to <b>Dec. 5, 1957</b> and last saw her alive on <b>Dec. 3, 1957</b> Death occurred at <b>1:30 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Oliver Brawner M.D.</b> (Degree or title)			22b. ADDRESS <b>Lawson Mo.</b>		22c. DATE SIGNED <b>12/7/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/7/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Converse Ceme.</b>	23d. LOCATION (City, town, or county) <b>7 Mi. S. Lathrop, Mo.</b> (State)	
24. FUNERAL DIRECTOR <b>Cruck Funeral Home</b>		ADDRESS <b>Lathrop, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 12 - 1957</b>	26. REGISTRAR'S SIGNATURE <b>Elizabeth Seearce</b>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

441

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 *Harold L. Walker* .....

Licensed Embalmer No. *4588* .....

P. O. Address *Lexington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.