

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007266

STATE FILE NUMBER

FILED FEB 28 1958

1003

Registrar's No. 1726

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Route 4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ARTIE TROY GOWEN			4. DATE OF DEATH Month Day Year FEBRUARY 11, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 4, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Motor Co.	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Boydsville, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wiley F. Gowen		13b. MOTHER'S MAIDEN NAME Dora Ann Evans	14. NAME OF HUSBAND OR WIFE Ella
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-38-4912	17. INFORMANT Address Mrs. Artie Gowen, Poplar Bluff, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE GASTROINTESTINAL HEMORRHAGE DUODENAL ULCER Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 5410 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) POST NECROTIC CIRRHOSIS 14 MONTHS			INTERVAL BETWEEN ONSET AND DEATH 14 HOURS 14 MONTHS
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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 Month, Day, Year o.m. p.m.			
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 JAN. 31, 1958 to FEB. 11, 1958 and last saw her/him alive on FEB. 11, 1958 Death occurred at 11:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. Vermillion, M.D.</i> (Degree or title)		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 2/11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-11-58	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. FEB 13 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith, MO</i> m 70

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service, 100, 157, Doctor, coroner, etc. must use only standard forms. All diseases in Part I must be causally related.

MAY 22 1958

MAR 14 1958

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 *Lawrence O. Gerling*

Licensed Embalmer No. *4979*

P. O. Address *St. Louis, 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.