

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1958

59-024101

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 23

DEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Benton</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>Benton</u>		c. CITY OR TOWN <u>WARSAW</u>	
Length of stay in 1b <u>Life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>MYRTLE</u>		Middle <u>BERNICE</u>		Last <u>GOWER</u>		Month <u>July</u> Day <u>10</u> Year <u>1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April, 1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Montgomery Co, Mo</u>		Months <u>3</u>	Days <u>9</u> Hours <u></u> Min. <u></u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>		13a. FATHER'S NAME <u>George W. Gower</u>		13b. MOTHER'S MAIDEN NAME <u>Edmyra Ellis</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Mrs Clarice Busee Warsaw</u> Address <u></u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Generalized Purulent Peritonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
DUE TO (b) <u>Perforation of Sigmoid Colon</u>				5 days			
DUE TO (c) <u>Carcinoma of Sigmoid Colon</u>				1 yr.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u>	STATE <u></u>
21. I attended the deceased from <u>July, 1, 1958</u> to <u>July, 10, 1959</u> her last saw him alive on <u>July, 10, 1959</u> Death occurred at <u>6:00 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Emmett D. D</u> (Degree or title)				22b. ADDRESS <u>Warsaw, Mo.</u>		22c. DATE SIGNED <u>7/11/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 12, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairfield Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fairfield Benton Co, Mo</u>			
24. FUNERAL DIRECTOR <u>John F. Reese</u> ADDRESS <u>Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>July 12, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Reser

Licensed Embalmer No. 409

P. O. Address Wasca

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