

**COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JAN - 4 1960 43

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59 043490  
605 STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>POPLAR BLUFF</b>			Length of stay in 1b <b>1 days</b>	c. CITY OR TOWN <b>Fisk</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) <b>POPLAR BLUFF HOSPITAL #</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>FISK</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Joseph HARVEY Mc Gowen</b>				4. DATE OF DEATH Month Day Year <b>NOV. 28, 1959</b>			
5. Sex <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 7, 1881</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (City and state or country) <b>Stoddard County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>James Mc Gowen</b>			13b. MOTHER'S MAIDEN NAME <b>Eveline Mathis</b>			14. NAME OF HUSBAND OR WIFE <b>None</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>489-28-8789</b>		17. INFORMANT 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) <b>Coronary Occlusion</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>?</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.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 <b>Stoddard County</b>		STATE	
21. I attended the deceased from <b>27 Nov 59</b> to <b>28 Nov 59</b> and last saw him alive on <b>10 PM 27th</b> . Death occurred at <b>5:20 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W. F. Jackson M.D.</b>				22b. ADDRESS <b>321 East Poplar Bluff Mo</b>		22c. DATE SIGNED <b>12 Dec 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-30-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hobbs Chapel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stoddard County Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>J. C. White - Fisk, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12/21/59</b>		26. REGISTRAR'S SIGNATURE <b>W. F. Jackson</b>	

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond L. Duffin

Licensed Embalmer No. 4798

P. O. Address Berme, Md.

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.