

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009164

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1190 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
BY AFFIDAVIT OF Funeral Home, Gates
ITEM NO. 24 Gates Funeral Home K.C.Ks.

1. PLACE OF DEATH **MAR 29 1961**
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) Lawrenceville Length of stay in 1b 10 years
 c. FULL NAME OF (If NOT in hospital, give location) General Hosp Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4124 E 31st Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Jackson
 c. CITY OR TOWN Lawrenceville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4124 E 31st Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Fred Middle Guy Last Stowe 4. DATE OF DEATH Month 3 Day 6 Year 61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/25/1895 9. AGE (last birthday) 65 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done including most of working life, even if retired) CONTRACTOR REPAIR 10b. KIND OF BUSINESS OR INDUSTRY SPARKS OKLA 11. BIRTHPLACE (City and state or country) US 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 17. NAME OF HUSBAND OR WIFE UNKNOWN

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. none 17. INFORMANT FLORA M COX Address 4124 E 31st

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Probable Bronchogenic Carcinoma with metastasis
 DUE TO (b) Carcinoma with metastasis
 DUE TO (c) metastasis
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 7:25 a.m. Month, Day, Year 2-24-1961 to 3-6-61 end last saw him alive on 3-6-61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 240 of Perry St 20f. CITY, TOWN, OR LOCATION TRAQUE COUNTY OKLAHOMA STATE OKLAHOMA

21. I attended the deceased from 2-24-1961 to 3-6-61 and last saw him alive on 3-6-61
 Death occurred at 7:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) Funeral Director 22b. ADDRESS 240 of Perry St 22c. DATE SIGNED 3/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 3/6/61 23c. NAME OF CEMETERY OR CREMATORY Kellerby Cemetery 23d. LOCATION (City, town, or county) TRAQUE (State) OKLAHOMA

24. FUNERAL DIRECTOR [Signature] ADDRESS K.C.Ks. Funeral Home 25. DATE RECD. BY LOCAL-REG. 3-6-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Paul R. Williamson

Licensed Embalmer No. 5009
P. O. Address Overland
K

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.