

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047520  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 223

VS 300  
Rev. 4/59

10535  
20530  
3  
4 0  
5 2  
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7 0  
8 2  
9 151X  
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11  
12 1-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

**FILED JAN 4 1963**

1. PLACE OF DEATH  
a. COUNTY Laclede  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Length of stay in lb 89 yrs  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
STATE Missouri b. COUNTY Laclede  
c. CITY OR TOWN Lebanon (Rural) Inside Limits Yes  No   
d. STREET ADDRESS (if outside, give location) Rt # 3 Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Jackson Frank Stowe Dec. 19, 1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3/28/1873 9. AGE (last birthday) 89 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Near Lebanon Mo. U. S. A. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME James Stowe 13b. MOTHER'S MAIDEN NAME Nancy Breedlove 14. NAME OF HUSBAND OR WIFE Jessie Belle Stowe

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 Mrs. Minnie Ruble Lebanon Mo. 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) Carcinoma of stomach INTERVAL BETWEEN ONSET AND DEATH 6 mos.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cirrhosis of liver  
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 Month, Day, Year a.m. p.m.

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.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from 11-9-62 to 12-19-62 and last saw him alive on 12-18-62  
Death occurred at 12:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. B. Hurst, MD (Degree or title) 22b. ADDRESS 255 N. Adams, Lebanon, Mo. 22c. DATE SIGNED 12-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/23/1962 23c. NAME OF CEMETERY OR CREMATORY Grange Hall Cemetery 23d. LOCATION (City, town, or county) (State) Near Lebanon Mo.

24. FUNERAL DIRECTOR Dorsey M. Howe ADDRESS Lebanon Mo. 25. DATE RECD. BY LOCAL REP. 12-22-1962 26. REGISTRAR'S SIGNATURE Hella L. May

**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.

*Permit secured 12-22-1962-M.R.H.*