

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24214

Registrar's No. 63

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 63			
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>51 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		3			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>425 BAXTER STREET</u>				d. STREET ADDRESS (If rural, give location) <u>425 BAXTER STREET</u>					
3. NAME OF DECEASED (Type or Print) <u>HARRIETT ROWE</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>July 28 1949</u>		(Month)		(Day)		(Year)			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>MARCH 23, 1876</u>			
9. AGE (in years last birthday) <u>73</u>		10. MONTHS <u>4</u>		11. YEARS <u>5</u>		12. IF UNDER 18 HRS. Hours Min.			
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>—</u>			11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>JAMES M. SABIE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH Shields</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha E. Moffatt Neosho</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha E. Moffatt</u> ADDRESS <u>Neosho, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage - 6/28/49</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of coronary</u> DUE TO (c) <u>fall bladder for years</u>						Months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>↑</u>								33ix	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>June 25, 1949</u> , to <u>July 28, 1949</u> , that I last saw the deceased alive on <u>July 28, 1949</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. L. Lawson</u> (Degree of title) <u>REG.</u>				23b. ADDRESS <u>Neosho Mo</u>			23c. DATE SIGNED <u>7/29/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 30, 1949</u>		REGISTRAR'S SIGNATURE <u>Malvin C. Barrman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u> ADDRESS <u>Neosho</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Dunston Co. Health Unit
District File Number 849-130
Date Filed AUG 4 1949

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
Student Embalmer

Signed H. J. White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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 this body is not embalmed, fact should be so stated above.