

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4489 State File No.

BIRTH NO. 15683-50 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 307-42 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Scott		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vanduser		c. LENGTH OF STAY (in this place) 23 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vanduser 1000		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Rural 0				
3. NAME OF DECEASED (Type or Print)		a. (First) Robert	b. (Middle) Lee	c. (Last) Rowe	4. DATE OF DEATH (Month) (Day) (Year) Feb, 4 1950	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) XX		8. DATE OF BIRTH January 12, 1950	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 23 IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) Vanduser 0		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Albert B. Rowe		13b. MOTHER'S MAIDEN NAME Marie Louise Rowe		
14. NAME OF HUSBAND OR WIFE XXXXXXXXXX		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) XXX XXX		16. SOCIAL SECURITY NO. XXX		
17. INFORMANT'S SIGNATURE OR NAME Albert B. Rowe		ADDRESS Vanduser Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, (primary) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7.630
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE SIGNED 7/5/50				
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) m.		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 first call after death, 19 50 , that I last saw the deceased alive on _____, 19 _____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE Alfred Poe		(Degree or title) 3 coroner		23b. ADDRESS Sikeston Mo.		
23c. DATE SIGNED 7/5/50		24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE Feb 6. 50		
24c. NAME OF CEMETERY OR CREMATORY McMullin Cemetery		24d. LOCATION (City, town, or county) (State) North West of Sikeston, Mo.				
DATE REC'D BY LOCAL REG Feb 13-50		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		4.29 25. FUNERAL DIRECTOR'S SIGNATURE Fred. Smith		
		ADDRESS 1212 Maud St.				

RECEIVED FEB 20 1950
District Health Office No. 2,
District File Number 250-138
Date Filed _____

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

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address *Sikeston, 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.