

FILED APR 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. **11601**BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **47**

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 OR TOWN Sikeston)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston	
c. LENGTH OF STAY (in this place) 27 1/2 hrs.		10 ^{1/2} "	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		d. STREET ADDRESS (If rural, give location) 408 North Kingshighway	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) D. c. (Last) Mow			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-9-1886	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 7 Days 7 IF UNDER 24 HRS. Hour 7 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Rochester, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Mow		13b. MOTHER'S MAIDEN NAME Hannah Barnhart		14. NAME OF HUSBAND OR WIFE Eva Elizabeth Mow	
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. White		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wife - Eva Elizabeth Mow Sikeston 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 9 days.	
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.		4:300	

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) Sikeston Scott Mo.	
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 **3-7**, 19**50**, to **3-16**, 19**50**, that I last saw the deceased alive on **3-16**, 19**50**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. Urban M.D. (Degree or title)		23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 3-28-50	
--	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-18-50		24c. NAME OF CEMETERY OR CREMATORY City View		24d. LOCATION (City, town, or county) (State) Sikeston Mo.	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. Mar 30-50		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weld Funeral Home - Sikeston Mo	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1951

RECEIVED

District Health Office No.

District File Number 450-226

Date APR 3 1951

NOV 23 1951

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 Raymond Lewis

Licensed Embalmer No. 3467

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.