

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15712

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>6260</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>E. DALLAS TWP.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wiggins</u>		<u>11 300</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Rowe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 24, 1875</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Webster County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Calvin Rowe</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Prince</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Mae Rowe</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Rowe 1620 W. Elm Springfield 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis - renal disease.</u> 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. <u>None.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>44 2X</u>	
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) 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 <u>July 5, 1949</u> to <u>Apr 13, 1950</u> , that I last saw the deceased alive on <u>Apr 12, 1950</u> , and that death occurred at <u>7:09 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. R. Schultz, M.D.</u>				23b. ADDRESS <u>Ford City, Mo.</u>		23c. DATE SIGNED <u>4/24/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leitner</u>		24d. LOCATION (City, town, or county) (State) <u>4 miles N. of Wiggins Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-22-50</u>		REGISTRAR'S SIGNATURE <u>Lester W. Goode</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley, Ferrell, Bergman Seymour Mo.</u>				

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

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RECEIVED APR 27 1950

District Health Office No. 6,

District File Number 450-493

Date Filed 4-27-50

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 J. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Franklin Ave

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.