

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30886**

XC-441 90 25
RN-2820

FILED **OCT 10 1952** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **446**

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION V. A. Hosp.		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE b. (Middle) H. c. (Last) ROWE			4. DATE OF DEATH (Month) (Day) (Year) September 28, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 17, 1910
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and State or Foreign Country) Essex, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Clint Rowe		13b. MOTHER'S MAIDEN NAME Mary Ann Wilson	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 385-03-7975	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture Spleen *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subcapsular hematoma DUE TO (c) Auto accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis, Laenaec, marked			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. 5 days Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 103
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Sept. 24, 1952 , to Sept. 28, 1952 and that the deceased died on Sept. 28, 1952 , and that death occurred at 5:27 pm. , from the causes and on the date stated above.			
23a. SIGNATURE A. Y. DeLaney, M.D. Chief Surgeon (Degree or title)		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.	23c. DATE SIGNED 9-29-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-30-52	24c. NAME OF CEMETERY OR CREMATORY Essex cemetery	24d. LOCATION (City, town, or county) (State) Essex, Missouri
DATE REC'D BY LOCAL REG. 9-30-52	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.	

RECEIVED
OCT 7 1952

BUTLER CO. HEALTH CENTER

FILE No. 1052-496

JAN 6 1953

NOV 12 1953

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 Walter Marsh Walker

Licensed Embalmer No. 571

P. O. Address Septon, 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.