

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44387

State File No.

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 38

30
1

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

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Twp. 6276		c. LENGTH OF STAY (In this place) 54 years	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Township 1130	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Bertha	b. (Middle) May	c. (Last) Rowen	December 16, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-9-1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Arnold Watkins		13b. MOTHER'S MAIDEN NAME Ann Hockworth		14. NAME OF HUSBAND OR WIFE Elihu Hugh Rowen	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hugh Rowen- Sheridan, Missouri	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Was a result of heart disease		INTERVAL BETWEEN ONSET AND DEATH Minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis		
	DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Union Hotel	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Worth MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Dec 16, 1952, to Dec 16, 1952, that I last saw the deceased relaxing on 12-16, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. P. Nesbitt M.D.	23b. ADDRESS Sheridan MO	23c. DATE SIGNED 12-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-18-1952	24c. NAME OF CEMETERY OR CREMATORY Isadora Cemetery
		24d. LOCATION (City, town, or county) (State) Isadora, Missouri

DATE REC'D BY LOCAL REG. Dec 22 1952	REGISTRAR'S SIGNATURE Leta E. Dawson	345-0	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dunfee	ADDRESS Grant City MO
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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

Bill Dunfee

Student Embalmer No. *445*

working under my personal supervision.

Student *B. P. Dunfee*
Student Embalmer

Signed *Arch C. Dunfee*

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.