

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22272**

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5819** Registrar's No. **27**

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| 1. PLACE OF DEATH a. COUNTY Morgan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass | |
| b. CITY (If outside corporate limits, write RURAL and give township) Osage Rural Morgan Township | | c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill | |
| c. LENGTH OF STAY (In this place) 2 weeks | | d. STREET ADDRESS (If rural, give location) 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 9 Mi. So. of Versailles | | | |

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|---|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Roland b. (Middle) William c. (Last) Rowe | | | 4. DATE OF DEATH (Month) (Day) (Year) June 13, 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Aug. 10, 1945 | 9. AGE (In years last birthday) 7 | IF UNDER 1 YEAR Months 8 Days 3 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Higginsville, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME Maurice Rowe | | 13b. MOTHER'S MAIDEN NAME Dorothy Bulig | | 14. NAME OF HUSBAND OR WIFE None | |
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|---|--|--|--|--|--|
| 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 Maurice Rowe Pleasant Hill, Mo | |
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| 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) Asphyxiation | | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Drowning | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) 9294 | | | |

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|------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 071, 42 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------|--|--|--|---|--|

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|---|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) Resort | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Morgan County, Mo. | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 13, 53 1:30 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Accidental drowning | |
|--|--|---|--|--|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:30 p.m.**, from the cause and on the date stated above.

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|---|--|---|--|------------------------------------|--|
| 23a. SIGNATURE Gene J. Bowman | | (Degree or title) Coroner - Versailles, Mo. | | 23b. ADDRESS Mo. 6-14-53 | |
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|--|--|---------------------------------|--|--|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) Removal | | 24b. DATE June 13, 53 | | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Higginsville, Missouri | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. June 23-1953 | | REGISTRAR'S SIGNATURE L. L. Washburn | | 25. FUNERAL DIRECTOR'S SIGNATURE H. Kidwell | |
| | | | | ADDRESS Versailles, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

Per Jera Kidwell, Deputy

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

110

AUG 26 1954

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 C. Forber

Licensed Embalmer No. 4626

P. O. Address Verisilva, m

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.