

FILED FEB 28 1955

STANDARD CERTIFICATE OF DEATH 5601 State File No. 5404

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3022 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Warrensburg,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Warrensburg,</u> 0510	
c. LENGTH OF STAY (In this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rural, Warrensburg, Missouri</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Near 50 Highway, 6 miles West</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>KNOWLES</u> c. (Last) <u>ROWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 16th, 1955</u>		
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5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> 0	8. DATE OF BIRTH <u>Nov. 22, 1924</u>	9. AGE (In years last birthday) Months Days <u>30</u>	10. IF UNDER 1 YEAR Hours Mts. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Filling Station Attendant,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Business</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u> 0		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Thomas N. Rowell,</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Marie Gross,</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>yes</u> <u>World War #2</u>		16. SOCIAL SECURITY NO. <u>248-24-1394</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Samuel Gross, Warrensburg, Mo.</u>		ADDRESS	
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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) <u>Gunshot wound inflicted on left side.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <u>of chest.</u> Morbidity 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>E9191</u> <u>19</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>051</u> (COUNTY) (STATE) <u>Rural, Warrensburg, Johnson Co., Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-0 - 16-1955 2P. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun shot wound in left chest.</u>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to 2-16-, 1955, that I last saw the deceased alive on 2-16-, 1955, and that death occurred at 2: P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins M.D. Coroner</u>		23b. ADDRESS <u>Holden Mo.</u>		23c. DATE SIGNED <u>2-16-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-1955</u> 147		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u>		24d. LOCATION (City, town, or county) (State); <u>Warrensburg, Missouri.</u>	
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DATE REC'D BY LOCAL REG. <u>Feb. 19, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah Crutchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger,</u>		ADDRESS <u>Warrensburg, Mo.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

510

ead

3.

RECEIVED  
FEB 21 1955

JOHNSON COUNTY HEALTH DEPT.

APR 15 1955

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 K. A. Brauning

Licensed Embalmer No. 3377

P. O. Address Warrensburg

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.