

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6268 State File No. 17566

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4567 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NIRANGUA, Rt. #1		c. LENGTH OF STAY (in this place) 15 mos.	c. CITY OR TOWN NIRANGUA
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2/120	
		e. STREET ADDRESS (If rural, give location) Rural Route #1 (8 mi E of Nirangua)	

3. NAME OF DECEASED (Type or Print)	a. (First) WAYNE	b. (Middle) G.	c. (Last) ROWE	4. DATE OF DEATH (Month) (Day) (Year) MAY 4, 1955
-------------------------------------	-------------------------	-----------------------	-----------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 21, 1901	9. AGE (In years last birthday) 53	If UNDER 1 YEAR Months _____ Days _____	If UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) SOUTH BEND, INDIANA	12. CITIZEN OF WHAT COUNTRY? USA
---	---	---	---

13a. FATHER'S NAME SOLOMON E. ROWE	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ETHEL ROWE
---	--	---

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.	17. INFORMANT'S SIGNATURE OR NAME ETHEL ROWE, NIRANGUA RT. 1, Mo.	ADDRESS
--	-------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH 2 mo 2-3 yo. 8-10 yo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated Co Pulmonary Congestive Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced pulmonary Emphysema DUE TO (c) Chronic Bronchial Asthma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

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) (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 **March**, 1954, to **May 4**, 1955, that I last saw the deceased alive on **May 3**, 1955, and that death occurred at **10:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Knist 2 DO.	(Degree or title)	23b. ADDRESS Box 13, Nirangua Mo.	23c. DATE SIGNED 5-6-58
---	-------------------	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/7/55	24c. NAME OF CEMETERY OR CREMATORY NIRANGUA CEMETERY	24d. LOCATION (City, town, or county) (State) NIRANGUA, MISSOURI
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. 5/6/55	REGISTRAR'S SIGNATURE J. Strain	392-0	FUNERAL DIRECTOR'S SIGNATURE R. W. Barber	ADDRESS Marshfield, Mo.
--	--	-------	--	--------------------------------

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

JUL 15 1955

JUL 18 1955

JUN 23 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.....
Signature of Student Embalmer

Signed..... *L. T. Swadley*

Licensed Embalmer No. *481*

P. O. Address *Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.