

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5510**

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Aurora</u>	c. LENGTH OF STAY (in this place) <u>4 yrs.</u>	c. CITY OR TOWN <u>Aurora</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>714 Park</u>		e. STREET ADDRESS (If rural, give location) <u>714 Park</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>JARED</u>	c. (Last) <u>ROWE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 8, 1873</u>	9. AGE (In years) (last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miller County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Robert Rowe</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Greenup</u>	14. NAME OF HUSBAND OR WIFE <u>***</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>*****</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Low Rowe</u>	ADDRESS <u>Rt. 2 Aurora, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Terminal Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wk 2.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Long-continued Heart Disease</u>			<u>3 years</u>
	DUE TO (c) <u>Stroke &therosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4341</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19Feb. 27, 1956, that I last saw the deceased alive on Feb. 26, 1956, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Coyette</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Aurora, Mo.</u>	23c. DATE SIGNED <u>2-28-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/2/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marionville IOOF</u>	24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/1/56</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u> <u>157</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin R. Arnold</u>	ADDRESS <u>Aurora, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAR 22 1956

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 James D. Craft
Licensed Embalmer No. 469
P. O. Address Aurora

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.