

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036866

STATE FILE NUMBER

FILED OCT 24 1958

Registration District No. 157

Primary Registration District No. 5589

Registrar's No. 189

300  
-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>UNION TWSP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b> 0495		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HI-WAY 166-3 MI. WEST OF SARCOXIE</b>		Length of stay in lb	d. STREET ADDRESS <b>2704 SCHIFFERDECKER</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>JAMES</b> Last <b>ROWE</b>			4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>10</b> Year <b>1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 31, 1907</b>		9. AGE (In years last birthday) <b>51</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JOPLIN CEMENT Co.</b>		11. BIRTHPLACE (City and state or country) <b>LOWELL, KANSAS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HARRY ROWE</b>		13b. MOTHER'S MAIDEN NAME <b>LOLA BUCKNER</b>	
14. NAME OF HUSBAND OR WIFE <b>MALBURN C. ROWE</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>491-01 PUNK 6588</b>	
17. INFORMANT <b>MRS. MALBURN C. ROWE</b>		Address <b>2704 SCHIFFERDECKER</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Electrical Burns fatal with Instabilities, Electrocardia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>9145</b> DUE TO (c) <b>46</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Was attempting to remove man from burning truck contacted 6900 volt electric line &amp; was grounded so that he was electrocuted burns by shock not feel</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>10-10-58</b> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Union Shop Joplin Mo.</b>	
21. I attended the deceased from Death occurred at <b>7:30 A.M.</b>		and last saw her/him alive on <b>the date stated above;</b> and to the best of my knowledge, from the causes stated.		22. SIGNATURE <b>Coroner Joplin County</b> (Degree or title) <b>3</b>	
22b. ADDRESS <b>Med Arts Bldg Joplin Mo</b>		22c. DATE SIGNED <b>10/15/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>10-13-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEMORIAL,</b>		23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-17-58</b>	
26. REGISTRAR'S SIGNATURE <b>W. H. Clinton</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 27 1958

NOV 14 1958

MAR 13 1959

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 Wm K Jackson Licensed Embalmer No. 3954 P. O. Address Jareokim

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.