

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018229  
STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Jefferson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **Jefferson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Valle Twp.** Inside Limits Yes  No

c. CITY OR TOWN **De Soto** Inside Limits Yes  No

3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Hiway 21** Length of stay in 1b **Enroute**

d. STREET ADDRESS (If outside, give location) **607 W. Miller** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**Susan Gail Rowe**

4. DATE OF DEATH Month Day Year  
**May 29, 1959**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH **Jan. 21, 1955**

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  
**4** Months Days Hours Min.

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 country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Lindell P. Rowe** 13b. MOTHER'S MAIDEN NAME **Florence Ethel Hamel** 14. NAME OF HUSBAND OR WIFE **None**

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 Address **L. P. Rowe DeSoto, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Gun shot wound entering at base of nose traversing brain and comminuted frontal posterior skull**

DUE TO (b) **base of nose traversing brain and**

DUE TO (c) **comminuted frontal posterior skull**

INTERVAL BETWEEN ONSET AND DEATH **30 Min.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **9195 43**

19. WAS AUTOPSY PERFORMED? YES  NO  **2**

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
**Gun shot wound - accidental - investigated by coroner.**

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.  
**By coroner.**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **on Hwy N near DeSoto** 20f. CITY, TOWN, OR LOCATION **DeSoto** COUNTY **Mo.** STATE **Mo.**

21. I attended the deceased from **May 29, 1959** to **May 29, 1959** and last saw her alive on **May 29, 1959**  
Death occurred at **5:00 p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Norv Nequist M.D.** 22b. ADDRESS **DeSoto, Mo.** 22c. DATE SIGNED **May 30, 1959**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/1/59** 23c. NAME OF CEMETERY OR CREMATORY **Woodlawn** 23d. LOCATION (City, town, or county) (State) **DeSoto Mo.**

24. FUNERAL DIRECTOR ADDRESS **J. Lee Mothershead DeSoto, Mo.** 25. DATE RECD. BY LOCAL REG. **June 1-1959** 26. REGISTRAR'S SIGNATURE **Marie Harris**

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

DATE RECORDED  
JUN 3 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 *J Lee Mathershead*

Licensed Embalmer No. *3531*

P. O. Address *De Soto, Mo*

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.