

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 18 1959

59-030107

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 104

UNDED

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Length of stay in 1b 3 yrs.	c. CITY OR TOWN Richmond Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elm Park Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 135 E. Royle St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CASPER Middle COINER Last ROWE			4. DATE OF DEATH Month August Day 4 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/26/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baptist Minister		10b. KIND OF BUSINESS OR INDUSTRY Minister of Gospel	9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Rockingham County, Va.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Noah D. Rowe		13b. MOTHER'S MAIDEN NAME Eliza Kite	14. NAME OF HUSBAND OR WIFE ---
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 Mrs. Clarence Alder, Richmond, 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) Cerebral Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 7-13-59 to 8-4-59 and last saw her/him alive on 8-3-59 Death occurred at 9:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas R. Cook M.D. (Degree or title)		22b. ADDRESS Richmond Missouri	22c. DATE SIGNED 8/5/1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 6, 1959	23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery	23d. LOCATION (City, town, or county) (State) Orrick, Mo.
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8-10-1959	26. REGISTRAR'S SIGNATURE Mabel Jackson

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

