RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59–030166

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 325

DEDED

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre
Length of stay in 1b: 6 Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bonne Terre Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: Valle Twp. Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Rt. 3 DeSoto Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle FRANKLIN Last ROWE
4. DATE OF DEATH: Month Aug. Day 15 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/25/81
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l. Farming
11. BIRTHPLACE (City and state or country): Jefferson Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Rowe
13b. MOTHER'S MAIDEN NAME: Sarah Jane Grimshaw
14. NAME OF HUSBAND OR WIFE: Rose Cernicek Rowe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-40-3827
17. INFORMANT: Mrs. John Rowe Address: Rt.3, DeSoto, Mo

MEDICAL CERTIFICATION

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 Concussion –
DUE TO (b): Basilar skull fractures –
DUE TO (c): Multiple contusions & lacerations –
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 8 hours
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Injured in auto accident,
20c. TIME OF INJURY: Hour 3:30 p.m. Month, Day, Year 8-15-59
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.): Highway 67-FJ
20f. CITY, TOWN, OR LOCATION: St. Francois COUNTY: Co. STATE: Missouri
21. I attended the deceased from Aug 15, 1959 to Aug. 15, 1959 and last saw him alive on Aug 15, 1959
Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Marvin T. Haw, Jr. (Degree or title) M.D.
22b. ADDRESS: Bonne Terre, Mo.
22c. DATE SIGNED: 8/20/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/18/59
23c. NAME OF CEMETERY OR CREMATORY: Rowe CEMETERY
23d. LOCATION (City, town, or county) (State): Rt. 3, DeSoto Mo.
24. FUNERAL DIRECTOR: J. Lee Mothershead ADDRESS: DeSoto, Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 20, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

NOV 10 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

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, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.