

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031503

FILED VS AUG 16 1960

Registration District No. 257 Primary Registration District No. 4391 4390 Registrar's No. 41

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Meta</b>		Length of stay in lb <b>58 yrs.</b>	c. CITY OR TOWN <b>Meta, Missouri</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Residence</b>

3. NAME OF DECEASED (Type or print) First <b>Nathan</b> Middle <b>J.</b> Last <b>Rowan</b>	4. DATE OF DEATH Month <b>August</b> Day <b>8</b> Year <b>1960</b>
---	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>3-26-1882</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postmaster</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. MAIL SERVICE</b>	11. BIRTHPLACE (City and state or country) <b>Vianna, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
--	---	---	--

13a. FATHER'S NAME <b>John F. Rowan</b>	13b. MOTHER'S MAIDEN NAME <b>UN KN OWN</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Rowan</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>493-38-6938</b>	17. INFORMANT <b>Fred Rowan</b>	Address <b>Meta, Missouri</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>Infarction of myocardium</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic coronary artery thrombosis</b>		<b>Minutes</b>
	DUE TO (c) <b>Arteriosclerotic heart disease</b>		<b>3 years</b>
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 type="checkbox"/> N. <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 <b>10-1-58</b> to <b>8-8-60</b> and last saw him alive on <b>7-8-60</b> Death occurred at <b>7:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <b>John J. Zentgraf MD</b> (Degree or title)	22b. ADDRESS <b>302 Bolivar Jefferson City Mo</b>	22c. DATE SIGNED <b>8-12-60</b>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-10-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Southside Cemetery</b>	23d. LOCATION (City, town, or county) <b>Meta, Missouri</b>	(State)
--	-------------------------------	---	--	---------

24. FUNERAL DIRECTOR <b>Funeral Home</b>	ADDRESS <b>Funeral Home Meta, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-14-60</b>	26. REGISTRAR'S SIGNATURE <b>By Vernon Moulton Off.</b>
---	--	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 17 1960

**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. G. Humphrey

Licensed Embalmer No. 4772

P.O. Address Spina, M

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