

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 8907

No. 300
10.48

FILED MAR 17 1949

49

BIRTH NO. _____		REG. DIST. NO. <u>155</u>	PRIMARY REG. DIST. NO. <u>5579</u>	Registrar's No. <u>48</u>
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (If in this place) <u>3 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co. TBC. Hosp. U</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>PAULINE</u> c. (Last) <u>ROWLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 2 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>MAR. 19, 1877</u>	9. AGE (In years last birthday) <u>71</u> If under 1 year: Months <u>11</u> Days <u>13</u> If under 24 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ERNEST WALLJE</u>		
13b. MOTHER'S MAIDEN NAME <u>CATHERINE QUINT</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Records</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>102X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>10/4</u> , 19 <u>48</u> , to <u>3/2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/2</u> , 19 <u>49</u> , and that death occurred at <u>11:55 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>D. Douglas M.D.</u>		23b. ADDRESS <u>Jasper Co. TBC Hospital Webb City</u>		23c. DATE SIGNED <u>3/2/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tipton, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MCH. 2, 1949</u>	REGISTRAR'S SIGNATURE <u>R. C. Caldwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedger Lewis</u> ADDRESS <u>Webb City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Leonard J. Lewis Jr.

Licensed Embalmer No. *4561*

P. O. Address *Webb City, 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 this body is not embalmed, fact should be so stated above.