

FILED MAR 30 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9357

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 4363		Registrar's No. 9		
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fairview</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairview</u>		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby</u> b. (Middle) <u>Joe</u> c. (Last) <u>Rowten</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 1949</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>9-20-46</u>		9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Columbus Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Robert R. Rowten</u>			13b. MOTHER'S MAIDEN NAME <u>Vesta May Hampton</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Liza Russell</u> ADDRESS <u>Fairview Mo.</u>				
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>Burned to death when</u> ANTECEDENT CAUSES DUE TO (b) <u>home burned.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>to 9:15</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fairview Newton Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-16-1949 7 A. M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>home burned completely</u> <u>Body was found in bed after fire.</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____ on _____, 19____, and that death occurred at _____, _____, 19____, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Loisley Thompson, Coroner</u>				23b. ADDRESS <u>Neesho Missouri</u>		23c. DATE SIGNED <u>3/16/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>3-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dice Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fairview Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-21-49</u>		REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>		369		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Marie Gipe</u>	ADDRESS <u>Newton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1300

RECEIVED
 Newton D. Stuck
 District Health Officer No. 34958
 District File Number 3-28-45
 Date Filed

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 _____

working under my personal supervision No Embalming Student Embalmer No. _____

Signed _____
 Student Embalmer

Signed Wm. Morris Pogue
 Licensed Embalmer No. 3447

P. O. Address Wheaton, 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.