

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12905

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper 1/4	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural -TWIN GROVE TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles S. of Carl Junction		d. STREET ADDRESS (If rural, give location) RURAL-TWIN GROBE TWP. 3 Miles South of Carl Junction	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Franklin c. (Last) Rowden			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1949
5. SEX Male U	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March 16, 1875
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mine Operator	11. BIRTHPLACE (State or foreign country) Galena, Kansas /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wiley Rowden		13b. MOTHER'S MAIDEN NAME Sarah K. Pitman	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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ren Howell, Joplin, Missouri
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>Central Hemorrhage</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.  23 1/2	
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>April 8, 1949</u> to <u>April 8, 1949</u> , that I last saw the deceased alive on <u>April 8, 1949</u> and that death occurred at <u>7:45A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Pinkston D.O. 2</u>		23b. ADDRESS <u>Carl Junction Mo</u>	
23c. DATE SIGNED <u>4/21/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE April 23, 49	
24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery		24d. LOCATION (City, town, or county) (State) Galena, Kansas	
DATE/REC'D BY LOCAL REG. APR 22 1949		REGISTRAR'S SIGNATURE <u>S. L. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Nance-Simpson</u>		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

49-4-341

**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 Jack C. Sulson

Licensed Embalmer No. 4697

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.