

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12051

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 473

1. PLACE OF DEATH a. COUNTY <i>Douglas</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Joseph</i>	c. LENGTH OF STAY (in this place) <i>23 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Deerborn, rural 1830</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital no 2</i>		d. STREET ADDRESS (If rural, give location) <i>R 7 A 1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Samuel</i> b. (Middle) <i>E.</i> c. (Last) <i>Rowley</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 15 1950</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Unknown</i>	8. DATE OF BIRTH <i>not given about 85</i>	9. AGE (in years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>not given 9</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>not given</i>		13b. MOTHER'S MAIDEN NAME <i>not given</i>		14. NAME OF HUSBAND OR WIFE <i>unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>County Clerk Platte City Mo</i>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypostatic Pneumonia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension + arterio sclerosis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		1447X	

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) m.	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 *March 22, 1950*, to *April 15, 1950*, that I last saw the deceased alive on *April 15, 1950*, and that death occurred at *10:40* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Forrest James M.D.</i>		23b. ADDRESS <i>St Joseph Mo, State Hospital no 2</i>		23c. DATE SIGNED <i>4/15-1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>April 17-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>School of Osteopathy</i>	24d. LOCATION (City, town, or county) (State) <i>Kirksville, Missouri</i>		
DATE REC'D BY LOCAL REG. <i>April 20, 1950</i>	REGISTRAR'S SIGNATURE <i>K. G. Jenkins</i>	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herman W. Sidenfaden, 1802 Union St.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

117
2No. 300
10.48

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M.

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.