

No. 300  
10-48

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19972

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5468 Registrar's No. 540

1. PLACE OF DEATH a. COUNTY <u>GREENE</u> <u>MO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - TAYLOR TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - TAYLOR TWP.</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>RT. 3, ROGERSVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 3, ROGERSVILLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HOBERT</u> c. (Last) <u>ROWDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10, 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>NOV. 29, 1897</u>		9. AGE (In years last birthday) <u>52</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>6 13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>Polk County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>THOMAS ROWDEN</u>		13b. MOTHER'S MAIDEN NAME <u>MONNIE EDWARDS</u>		14. NAME OF HUSBAND OR WIFE <u>ESSIE LOUISE ROWDEN</u>	
-----------------------------------------	--	-------------------------------------------------	--	--------------------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ESSIE LOUISE ROWDEN-ROGERSVILLE, MO.</u>	
				ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot gun wound penetrating heart</u>		DUPLICATE TO (b) _____			<u>5 min</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) _____			<u>E976X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------------------	--	----------------------------------------	--	----------------------------------------------------------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</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>Taylor Greene Mo.</u>	
---------------------------------------------------------	--	------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 10 - 50 8a 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>self inflicted gun shot wound 16 gauge shot gun</u>	
---------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------	--

22. I hereby certify that I attended the deceased from 19, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased dead on 6-10- 19 50, and that death occurred at 8:05a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Handley Dale</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Springfield, Missouri</u>		23c. DATE SIGNED <u>6/12/50</u>	
---------------------------------------------------------------------	--	-------------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PANTHER VALLEY</u>	
				24d. LOCATION (City, town, or county) (State) <u>WEBSTER Co. MO.</u>	

DATE REC'D BY LOCAL REG. <u>6-13-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KELLEY-FERRALL-BERTMAN</u>	
				ADDRESS <u>ROGERSVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0391

0391

---

---

**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.

Signed H. H. Kelley.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 2334.....

P. O. Address Forlland me:.....

**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.