

THE DIVISION OF DEATHS  
STANDARD CERTIFICATE OF DEATH

State File No. **39558**

FILED DEC 12 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6147** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Shelby County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Washington</b> b. COUNTY <b>R.H.L.O.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Tiger Fork</b> c. LENGTH OF STAY (in this place) <b>Nov 30-50</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>✓</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>✓</b>		d. STREET ADDRESS (If rural, give location) <b>✓</b>	

3. NAME OF DECEASED (Type or Print) s. (First) <b>Ada</b> b. (Middle) <b>Leona</b> c. (Last) <b>Rowsey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 5 1950</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 1 1892</b>	9. AGE (In years last birthday) <b>58</b>	10. <input type="checkbox"/> UNDER 1 YEAR Days <b>11</b> <input type="checkbox"/> YEAR Hours <b>4</b> <input type="checkbox"/> UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>✓</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>John W. Peck</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Daugherty</b>		14. NAME OF HUSBAND OR WIFE <b>Cecil Rowsey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Wise Peck Stephenville Mo.</b>	

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) <b>Cerebral Hemorrhage.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Ignorant deemed unnecessary</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>331X</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. W. Musgrove<sup>3</sup> (Coroner)</b>			23b. ADDRESS <b>Bethel Missouri</b>		23c. DATE SIGNED <b>Dec 8 1950</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Dec 9, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Concord Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Shelby Co. Missouri</b>
DATE REC'D BY LOCAL REG. <b>Dec 9-50</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. W. Musgrove Bethel Mo.</b>	

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

Date Received: DEC 1 1 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-2  
Date Filed: DEC 1 1 1950

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.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2719

P. O. Address Bethel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.