S. No. 300
v. 10.48

0980
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FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43919

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4476 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downing
c. LENGTH OF STAY (In this place): all Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0980
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Everett
b. (Middle):
c. (Last): Rowe

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 18, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operated Lumber Yard
10b. KIND OF BUSINESS OR INDUSTRY: Lumberman
11. BIRTHPLACE (State or foreign country): Downing, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Azariah Rowe
13b. MOTHER'S MAIDEN NAME: Flora Rood
14. NAME OF ~~HUSBAND~~ OR WIFE: Martha Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Martha Rowe — ADDRESS: Downing, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Complications
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Downing Mo. Schuyler Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No Injury

22. *I hereby certify that I attended the deceased from* Dec. 1, 1950, *to* Dec. 1, 1950, *that I last saw the deceased alive on* Dec 1, 1950, *and that death occurred at* 5-30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. E. Gerwig (Degree or title) M.D.
23b. ADDRESS: Downing Mo.
23c. DATE SIGNED: Jan 1-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 3, 1950
24c. NAME OF CEMETERY OR CREMATORY: Downing Cemetery
24d. LOCATION (City, town, or county) (State): Downing, Mo.

DATE REC'D BY LOCAL REG.: Jan. 4-1951
REGISTRAR'S SIGNATURE: Chas. R. Drake
25. FUNERAL DIRECTOR'S SIGNATURE: Loyd Moore — **ADDRESS**: Downing Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-136
Date Filed: JAN 24 1951

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Student Embalmer

Signed Loyd Moore

Licensed Embalmer No. 3151

P. O. Address Deming 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.