

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5217

0540

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>	c. LENGTH OF STAY (in this place) <u>19 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u> <u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Washington</u>		d. STREET ADDRESS (If rural, give location) <u>Washington</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>FREDERICK</u> c. (Last) <u>SCHOWE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mch.</u> <u>3</u> <u>1951</u>		
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 21, 1870</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
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>Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry F. Schowe</u>		13b. MOTHER'S MAIDEN NAME <u>Bernhardine Bimker</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Catherine McBees Schowe</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 ADDRESS <u>Mrs. Berdena Amick Roseville, Calif.</u>	
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>Cardio vascular renal disease</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterial sclerosis, generalized</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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 <u>March</u> , 19 <u>48</u> , to <u>March 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 3</u> , 19 <u>51</u> , and that death occurred at <u>6:20 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Deputy or title) <u>Jordan Spelling M.D.</u>		23b. ADDRESS <u>Waverly, Mo.</u>	23c. DATE SIGNED <u>3-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-6-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Waverly</u> <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>March 5-1951</u>	REGISTRAR'S SIGNATURE <u>Clayton A. Landrum</u> <u>154</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger</u> <u>Marshall, Mo.</u>	

**RECEIVED** 3-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-13-51

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**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. ....

Signed.....  
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall 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.