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

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9652

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4427 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DeWitt Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dixon R3
d. STREET ADDRESS (If rural, give location): 0630

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Charlotte
c. (Last): Rowden

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, 1907
9. AGE (In years last birthday): 43 — If under 1 year: Months 5, Days 22; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Elmer Curtman
13b. MOTHER'S MAIDEN NAME: Maude Branson
14. NAME OF HUSBAND OR WIFE: Alman E. Rowden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Alman E. Rowden — ADDRESS: Dixon R3, 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) Pulmonary Emboli — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Caesarean Section. — 3-8-51

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 6785

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-4, 1951, *to* 3-17, 1951, *that I last saw the deceased alive on* 3-17, 1951, *and that death occurred at* 1:13 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. O. DeWitt M.D. (Degree or title)
23b. ADDRESS: Waynesville
23c. DATE SIGNED: 3-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/20/51
24c. NAME OF CEMETERY OR CREMATORY: Wheeler Cemetery
24d. LOCATION (City, town, or county) (State): Maries County, Mo

DATE REC'D BY LOCAL REG.: 3-29-51
REGISTRAR'S SIGNATURE: Thelma C. Buckthorpe
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P. Hedges — ADDRESS: Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-29-61
Pulaski County Health Officer
File Number.....
Date Filed 3-29-61

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 Walter P. Hedges

Signed.....
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Waverly Mo.

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

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