

S. No. 300
v. 10-48
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FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17020**
Registrar's No. **2392**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001**

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | c. LENGTH OF STAY (in this place) 50 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 502 Ozark | | d. STREET ADDRESS (If rural, give location) 502 Ozark | |

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|-------------------------------------|-----------------------------|-------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Henrietta | b. (Middle) | c. (Last) Rowe | 4. DATE OF DEATH (Month) (Day) (Year) May 14 1951 |
|-------------------------------------|-----------------------------|-------------|-----------------------|--|

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|----------------------|-------------------------------|--|------------------------------------|---|------------------------|------------------------|----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Dec 2 1885 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|--|------------------------------------|---|------------------------|------------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (State or foreign country) Morristown, Tenn. | 12. CITIZEN OF WHAT COUNTRY? USA |
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|-----------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE |
|-----------------------------------|--|-----------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Carl Perry | ADDRESS 502 Ozark |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary block. | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| | | |
|--|--|----------------------------|
| 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 **10-23, 1942 to 5-7, 1951**, that I last saw the deceased alive on **5-7, 1951**, and that death occurred at **11:45A**, from the causes and on the date stated above.

| | | | |
|-----------------------------------|-------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE [Signature] | (Degree or title) | 23b. ADDRESS 211 Newer Rd. | 23c. DATE SIGNED 5-17-51 |
|-----------------------------------|-------------------|-----------------------------------|---------------------------------|

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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-16-51 | 24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery | 24d. LOCATION (City, town, or county) (State) Carl Junction, Mo. |
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|---|--|--|--------------------------------------|
| DATE REC'D BY LOCAL REG. 5-19-51 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker | ADDRESS Mortuary, Joplin, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-21-51

Jasper County Health Office

County File Number 51/5/412

Date Filed 5-21-51

Am 1/5/51

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.