

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5403

State File No.

FILED FEB 19 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Rural Prairie Twp #480</u>	
c. LENGTH OF STAY (in this place) <u>2 w.</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson Co Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp</u>			

3. NAME OF DECEASED a. (First) <u>Thornton</u> (Type or Print)	b. (Middle)	c. (Last) <u>Rowe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 7-1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Veterinary</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Veterinary</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Soebel</u>	ADDRESS <u>Springfield Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Squamous cell carcinoma skin of neck</u>		
	DUE TO (c) _____		
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"/>
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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) <u>191X</u>
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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?
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22. I hereby certify that I attended the deceased from 2-2-1952, to 2-5-1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jan C. Humenocher</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>7 Feb 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/9/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kan</u>
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DATE REC'D BY LOCAL REG. <u>2/8/52</u>	REGISTRAR'S SIGNATURE <u>Harold C. Emschew</u> <u>378-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Longford</u> ADDRESS <u>Lee's Summit Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480/0

FEB 18 RECD
FEB 8 11 AM '77

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *P. J. Lindley*
Licensed Embalmer No. *4822*

P. O. Address *Leek Summit, 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.