

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9166

State File No. _____

APR 1 1952

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u> <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>N. of Otterville Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>EARNEST</u> c. (Last) <u>ROWLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1952</u>		
--	--	--	---	--	--

5. SEX <u>White</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 8, 1879</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>		IF OVER 1 YEAR Hours <u></u> Min. <u></u>	
----------------------------	--	--------------------------------------	--	--	--	---	--	--	--	---	--	--	--

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>general</u>			11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
--	--	--	---	--	--	--	--	--	---	--	--

13a. FATHER'S NAME <u>John David Rowles</u>			13b. MOTHER'S MAIDEN NAME <u>Commilla Lane Mays</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Alice Nelson</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 <u>Major Rowles</u>		ADDRESS <u>Tipton Mo.</u>	
---	--	--	--	--	--	----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</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"/>	
-------------------------------	--	---	--	--	--

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 Dec 26, 1951, to March 21, 1952, that I last saw the deceased alive on March 21, 1952, and that death occurred at 5:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Keaton Latham M.D.</u> (Degree or title)			23b. ADDRESS <u>California, Mo.</u>			23c. DATE SIGNED <u>3-24-52</u>		
---	--	--	--	--	--	--	--	--

24a. BURIAL (CREMATION) REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-25-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Otterville, Cooper Co., Mo.</u>			
--	--	-----------------------------------	--	--	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>3-26-52</u>		REGISTRAR'S SIGNATURE <u>H.R. Poppey L R 203</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>			ADDRESS <u>California Mo</u>		
--	--	---	--	--	---	--	--	-------------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

0681
0

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.....

A. E. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. *2351*

P. O. Address *California, 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.