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P. 48

FILED NOV 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35418

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 468

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>704 Ohio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>704 Ohio</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harley</u> b. (Middle) <u>Edward</u> c. (Last) <u>Rowden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-20-1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 25, 1909</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months   Days <u>43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mining zinc &amp; lead</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincolnville Ala.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Bill Rowden</u>	13b. MOTHER'S MAIDEN NAME <u>Mae Farnin</u>	14. NAME OF HUSBAND OR WIFE <u>Opal Rowden</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>441-01-6126</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mae Rowden</u> ADDRESS <u>704 Ohio - Joplin 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>LUETIC HEART DISEASE</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Silico Tuberculosis</u>		<u>UNK</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>023XA</u>	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 6-2, 1952, to 10-20, 1952, that I last saw the deceased alive on 10-20, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Douglas M.D.</u>	23b. ADDRESS <u>Francis Bldg Joplin</u>	23c. DATE SIGNED <u>10/24/52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barber Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barber Springs Kansas</u>
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DATE REC'D BY LOCAL REG. <u>10-24-52</u>	REGISTRAR'S SIGNATURE <u>W. D. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Franklin Dillon</u> ADDRESS <u>Joplin, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-5-52  
Jasper County Health Office

County File Number 52/11/855

Date Filed 11-5-52

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 Cecil A. Thompson

Licensed Embalmer No. 3590

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.