

No. 300
10. 48

LED FEB 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7167**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5986** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Mo Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker, Missouri	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Star Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Newton c. (Last) Rowden			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 24, 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 100 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Maries County		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William D. Rowden		13b. MOTHER'S MAIDEN NAME Caroline West		14. NAME OF HUSBAND OR WIFE Hester Alice (Long)	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hester A. Rowden Crocker, Mo R.	

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 4 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-Renal Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Serubility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442x			

19a. DATE OF OPERATION Feb 10 1953	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 15, 1953**, to **Feb 10, 1953**, that I last saw the deceased alive on **Feb 10, 1953**, and that death occurred at **11-50 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Mahalovich, D.O.	23b. ADDRESS Crocker, Missouri	23c. DATE SIGNED 2-11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 11/53	24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery
24d. LOCATION (City, town, or county) (State) Crocker, Missouri		

DATE REC'D BY LOCAL REG. 2-11-53	REGISTRAR'S SIGNATURE Caroline J. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home Crocker, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

1850

RECEIVED 2-11-53
Pulaski County Health Officer
File Number _____
Date Filed 2-14-53

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 Walter P. Adams

Licensed Embalmer No. 4265

P. O. Address Terrell, 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.