

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21713
State File No. _____
3055

FILED JUL 9 - 1953
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 43 yrs 7 d	c. CITY OR TOWN KANJAS CITY	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Haven Manor Nursing Home 3526 Walnut Street					
3. NAME OF DECEASED a. (First) Irene		b. (Middle) Rowe	c. (Last) Rowe		
4. DATE OF DEATH (Month) (Day) (Year) June 15 1953					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23, 1872	9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Sharpsburg, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel Van Asdale		13b. MOTHER'S MAIDEN NAME Martha Gray	14. NAME OF HUSBAND OR WIFE William Ruel Rowe		
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 Mrs. Helen Henze, 3429 Harrison K.C. Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs 7 mos.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			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.) Haven Manor Nursing Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) K.C. Mo. 123		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jul 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell on floor		
22. I hereby certify that I attended the deceased from June 13, 1953, to June 13, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 1:45 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Glen C. Garbaugh, M.D. (Degree or title)			23b. ADDRESS 2204 Bryant Blvd, K.C. Mo.		23c. DATE SIGNED 6-15-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 6-16-53		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Kansas City Mo.		24d. LOCATION (City, town, or county) (State) Mo.
DATE REC'D BY LOCAL REG. 6-16-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Kansas City Mo.	

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 Chester K Brown, Student Embalmer No. 476 working under my personal supervision..

Student Chester K Brown
Signature of Student Embalmer

Signed Edward M. Stone

Licensed Embalmer No. 445

P. O. Address K.C. 10 11

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.