

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 23 1953

State File No. **42230**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5135** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY BUTLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-ASH HILL Twp 3544		c. LENGTH OF STAY (in this place) OR TOWN 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. S. of highway 60 on 51 HW		d. STREET ADDRESS (If rural, give location) 1 mi. S. + 2 mi. East of BROSELEY	
3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) IRA	c. (Last) ROWE
4. DATE OF DEATH	(Month) 12	(Day) 7	(Year) 53
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 20-1918
9. AGE (In years last birthday) 35		10 UNDER 1 YEAR Days 11	10 OVER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME JOHN IRA ROWE	
13b. MOTHER'S MAIDEN NAME ALICE KEITH		14. NAME OF HUSBAND OR WIFE Mildred Rowe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 	
17. INFORMANT'S SIGNATURE OR NAME Mildred Inogene Rowe		ADDRESS Broseley, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Skull		II. OTHER SIGNIFICANT CONDITIONS		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) Internal Injuries		DUE TO (c) 		
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) State Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ashhill Twp. Butler Mo 012
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-7-53 7:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Loss control of Automobile hit tree

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James Degee, Coroner	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 12/10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-9-53	24c. NAME OF CEMETERY OR CREMATORY BROWN CHAPEL
DATE REC'D BY LOCAL REG. 12/18/53		24d. LOCATION (City, town, or county) (State) BUTLER Mo.
REGISTRAR'S SIGNATURE J. E. White		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fisk, Mo.

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

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RECEIVED
DEC 21 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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

Philip J. Casady

Licensed Embalmer No. *4618*

P. O. Address *Poplar Bluff, 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.