

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16660

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5779</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAKE OZARK</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleplaine</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. W. BAGNELL DAM</u>				d. STREET ADDRESS (If rural, give location) <u>1111 W. 15 ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LETHA</u> b. (Middle) <u>ELIZA</u> c. (Last) <u>Rockwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 31, 1904</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Belleplaine, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank A. Winslow</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Cheskal</u>		14. NAME OF HUSBAND OR WIFE <u>Darwin Rockwell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>481-28-9870</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Darwin Rockwell</u> ADDRESS <u>Belleplaine Iowa</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUFFOCATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DROWNING</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E851X 38</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Approximately 10 Minutes</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LAKE OF THE OZARKS</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Miller Mo. Ia.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 28, 1954 2:40 P. M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Excursion Boat Was Capsized During Year</u>			
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 <u>2:42 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. S. Humphreys, D.O. Coroner</u> (Degree or title)				23b. ADDRESS <u>TUSCUMBIA, Mo.</u>		23c. DATE SIGNED <u>6-4-1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 29, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belleplaine</u>		24d. LOCATION (City, town, or county) (State) <u>Belleplaine, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>June 4, 54</u>		REGISTRAR'S SIGNATURE <u>William A. Walt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis S. Phillips</u> ADDRESS <u>Edon</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

JUN 14 1954

JAN 10 1956

JAN 23 1956

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 _____

Licensed Embalmer No. _____

3663

P. O. Address _____

Edgar

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.