

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26111

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 32

1130

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) Grant City		c. LENGTH OF STAY (in this place) 30 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Grant City, Missouri	
		d. STREET ADDRESS (If rural, give location)	

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3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Milton	b. (Middle) Elihu	c. (Last) Rowen	(Month) August	(Day) 6,	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 12, 1878	9. AGE (in years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Near Grant City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Lisander Rowen	13b. MOTHER'S MAIDEN NAME Jane Weese	14. NAME OF HUSBAND OR WIFE Eva L. Rowen
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eva L. Rowen - Grant City, Missouri	ADDRESS
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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) Acute Coronary Occlusion		DUE TO (b) Arteriosclerotic Cardiovascular Disease		5yrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS: 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19 50 to 8-6-_____, 19 54, that I last saw the deceased alive on 8-6-54, 19_____, and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank B. Anderson M.D.</i>	(Degree or title)	23b. ADDRESS Grant City, Mo.	23c. DATE SIGNED 8-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery	24d. LOCATION (City, town, or county) (State) Grant City, Missouri
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DATE REC'D BY LOCAL REG. Aug 8-1954	REGISTRAR'S SIGNATURE <i>Lita E. Dawson</i>	347	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bill Adumfer</i>	ADDRESS Grant City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Bill A. Dunfee.....

Licensed Embalmer No. 4908.....

P. O. Address Grant City, 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.