

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8871**

BIRTH NO. _____ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. **6-55**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden 150	
b. CITY (If outside corporate limits, write RURAL and give township) Tuscumbia, Mo		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Richland, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphrey's Hosp.		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Rural Rt. 1.	

3. NAME OF DECEASED (Type or Print) a. (First) Charley	b. (Middle) Ross	c. (Last) Rowden	4. DATE OF DEATH (Month) (Day) (Year) March 13, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Tronto, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Steve Rowden	13b. MOTHER'S MAIDEN NAME Louella Eakens	14. NAME OF HUSBAND OR WIFE Zylphia Long.
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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. 486-12-4492	17. INFORMANT'S SIGNATURE OR NAME Zylphia Rowden Richland, Mo Rt. 1	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK Years Years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremial		
	DUE TO (c) CHRONIC NEPHRITIS		
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) 592 X
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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 **MARCH 11 1955** to **MARCH 13, 1955**, that I last saw the deceased alive on **MARCH 13, 1955**, and that death occurred at **7:40** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. L. Humphrey, D.O.	23b. ADDRESS Tuscumbia, Mo	23c. DATE SIGNED Mar. 13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/16/55	24c. NAME OF CEMETERY OR CREMATORY Plesant Hill Cemetery	24d. LOCATION (City, town, or county) (State) Iberia, Mo Rural
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DATE REC'D BY LOCAL REG. April 5-1955	REGISTRAR'S SIGNATURE Mrs. Richard L. Wright	25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home Inc.	ADDRESS Richland, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 7 REC'D

MILLER COUNTY HEALTH
DEPARTMENT

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
Signature of Student Embalmer

Signed *Walter P. Neaves*

Licensed Embalmer No. *426*

P. O. Address *Paris, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.