

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 1 - 1955

No. 300
10.48

0560
1-60

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

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5996 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Union Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Putnam - Union Township</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) <u>Harry</u> c. (Last) <u>Rowan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1955</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 24 1890</u>
9. AGE (In years last birthday) <u>64</u>	10. MONTHS <u>7</u>	11. DAYS <u>3</u>	12. HOURS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>	
11. BIRTHPLACE (State or foreign country) <u>Powerville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles S Rowan</u>		13b. MOTHER'S MAIDEN NAME <u>Helen O'Brien</u>	
14. NAME OF HUSBAND OR WIFE <u>Gene Rowan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>Yes WW I</u>	
16. SOCIAL SECURITY NO. <u>482-18-5850</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gene Rowan Unionville Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Asthma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-14</u> , 19 <u>55</u> , to <u>7-26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-26</u> , 19 <u>55</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. W. McDonald D.D.</u>		23b. ADDRESS <u>Unionville, Mo</u>	
23c. DATE SIGNED <u>7-27-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-29-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Powerville Center Powerville Missouri Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Powerville Missouri Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-30-55</u>		REGISTRAR'S SIGNATURE <u>Marcell Dumb...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Complete Funeral Home</u>		ADDRESS <u>Unionville Mo</u>	

AUG 11 '95

SEP 13 1956

AUG 8 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 *John W. Constock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville Me*

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.