

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37705**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1037

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SPRINGFIELD MO</b>		c. CITY OR TOWN <b>SEYMOOR</b>	
c. LENGTH OF STAY (In this place) <b>30 HR</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGE HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>MO ROAD 3</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WESS</b> b. (Middle) <b>F.</b> c. (Last) <b>ROWE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-13-56</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11-3-1900</b>
9. AGE (In years, last birthday) <b>56</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WEBSTER CO MO</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>GEORGE ROWE</b>		13b. MOTHER'S MAIDEN NAME <b>RECY GAYLES</b>	
14. NAME OF HUSBAND OR WIFE <b>ERDIE</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eddie Rowe Seymour MO</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage Cerebral</b> INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardio-Vascular Renal Disease (History)</b>		2. 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 <b>442x</b>	
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 <b>11-12-1956</b> to <b>11-13-1956</b> , that I last saw the deceased live on <b>11-13-1956</b> , and that death occurred at <b>8:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>L. Newton Wasserman MD</b>		23b. ADDRESS <b>Springfield MO</b>	
23c. DATE SIGNED <b>11-15-56</b>		24. BUREAU OF HEALTH (State)	
24a. BUREAU OF HEALTH (State)		24b. DATE <b>11-17-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CENTRY</b>		24d. LOCATION (City, town, or county) (State) <b>WEBSTER CO MO</b>	
DATE REC'D BY LOCAL REG. <b>11-16-56</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	
25. FEDERAL DIRECTOR'S SIGNATURE <b>Robert Bergman Seymour MO</b>		ADDRESS	

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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 *Max J Miller*.....

Licensed Embalmer No. *472*.....

P. O. Address *Manassas*.....

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.