

4
FILED JAN 22 1957THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1647

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1675

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>CHEROKEE</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>GALENA</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>4th + Wood Sts.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>BENNETT</u> c. (Last) <u>ROWDEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7 - 1957</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>3-30-1883</u>
9. AGE (In years last birthday) <u>73</u>		10. AGE (In years last birthday) <u>73</u>	
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 <u>HOME</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>GALENA KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN BENNETT</u>		13b. MOTHER'S MAIDEN NAME <u>VICTORIA ?</u>	
14. NAME OF HUSBAND OR WIFE <u>CLARENCE ROWDEN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EVA BROWN</u> ADDRESS <u>GALENA KANSAS</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u> DUE TO (c) _____ 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 _____	
19a. DATE OF OPERATION _____		20. AUTOPSY? <u>2</u> 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) _____	
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>16 Dec</u> , 19 <u>56</u> , to <u>7 Jan</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6 Jan</u> , 19 <u>57</u> , and that death occurred at <u>9:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert G. Powell M.D.</u>		23b. ADDRESS <u>Galena Kansas</u>	
23c. DATE SIGNED <u>7 Jan 57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1-7-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galena</u>	
24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Duffelt</u> ADDRESS <u>Galena Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-15-1957</u>		REGISTRAR'S SIGNATURE <u>Doore Merriam</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed JAN 21 1957
File Number 57-1-51

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 *Ray L. Dwyer*.....

Licensed Embalmer No. 4945

P. O. Address Helena, Mont.

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.