

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1957

State File No. 7808

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN POPLAR BLUFF)	c. LENGTH OF STAY (In this place) 1 Wk.	c. CITY OR TOWN NEAR ZALMA	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 DOCTORS HOSPITAL		STREET ADDRESS (If rural, give location) Welch Temp. 00900	

3. NAME OF DECEASED a. (First) ARTHUR b. (Middle) WASHINGTON c. (Last) ROWE			4. DATE OF DEATH (Month) (Day) (Year) MAR. 17, 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 29, 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____	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) RET. FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME DAVID ROWE		13b. MOTHER'S MAIDEN NAME SUSAN BEATTY		14. NAME OF HUSBAND OR WIFE CHRISTINE ROWE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 398-34-4733	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHRISTINE ROWE, ARAB, Mo.			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure		
	DUE TO (c) Pulmonary Thrombosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Adeno Carcinoma Liver		

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) Natural	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) (Min.)	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 **Jan 1957** to **3-17, 1957**, that I last saw the deceased alive on **3-17, 1957**, and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Markel M.D.		23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 3-20-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/20/57	24c. NAME OF CEMETERY OR CREMATORY BEATTY CEMETARY	24d. LOCATION (City, town, or county) (State) BOLLINGER Co. Mo.
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DATE REC'D BY LOCAL REG. 3/23/57	REGISTRAR'S SIGNATURE Ed. D. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Lloyd S. Morgan, Sr. Advance, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

189

RECEIVED

MAR 25 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

MAR 28 1957

APR 2 1957

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 _____

Licensed Embalmer No. 48

P. O. Address Advance

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.