

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020731

STATE LICENSE NUMBER

FILED MAY 27 1958 Registration District No. 374 Primary Registration District No. 6273 Registrar's No. 27

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Worth</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fletchall Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Union Township</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>4 months</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Matilda</b> Middle <b>Ann</b> Last <b>Rowen</b>			4. DATE OF DEATH Month <b>May</b> Day <b>7</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 28, 1868</b>	9. AGE (In years of birthday) <b>90</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Nodaway County Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>William Stingley</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Watson</b>	
14. NAME OF HUSBAND OR WIFE <b>Hiram Sigle Rowen</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Ethel Hammers - Blockton, Iowa</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Generalized Arteriosclerotic Cardiovascular Disease</b>		DUE TO (c) <b>4201</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1953</b> to <b>May 7, 1958</b> and last saw her alive on <b>May 7, 1958</b> Death occurred at <b>6 R. R.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print name and title) <b>Frank B Matteson M D</b>		22b. ADDRESS <b>Grant City, Mo</b>		22c. DATE SIGNED <b>5/8/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Yes</b>		23b. DATE <b>May 8, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Isadora Cemetery</b>	
		23d. LOCATION (City, town, or county) <b>Grant City Cemetery</b>		(State) <b>Mo</b>	
24. FUNERAL DIRECTOR <b>Bill A Dwyer - E. City</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>May 21, 1958</b>	
				26. REGISTRAR'S SIGNATURE <b>Keta E Dawson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Bill A. Dwyer* .....

Licensed Embalmer No. *4908* .....

P. O. Address *Evansville, Ind.* .....

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.