

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022704

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Granby</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Granby Mo. R Rt.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Granby Community Hospital</u>		Length of stay in hospital <u>4 days</u>		d. STREET ADDRESS (If outside, give location) <u>0130</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Charles Lloyd Rowe</u> <i>First Middle Last</i>				4. DATE OF DEATH <u>6-22-1958</u> <i>Month Day Year</i>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov.-1-1900</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockbuyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockbuyer</u>		11. BIRTHPLACE (City and state or country) <u>McDonald County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Frank Rowe</u>				14. MOTHER'S MAIDEN NAME <u>Amanda Jenkins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ruth Garner, Granby Mo</u> <i>Address</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u> <u>infarction</u> DUE TO (b) <u>Coronary thrombosis with myocardial</u> <u>Arteriosclerosis</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 days</u> <u>over 3 months</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>							
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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>6/18/58</u> to <u>6/22/58</u> and last saw ^{her} / _{him} alive on <u>6/22/58</u> Death occurred at <u>5:15 p m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Charles O. Hester, D.O.</u>				22b. ADDRESS <u>Granby, Mo.</u>		22c. DATE SIGNED <u>6/25/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-26-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hazel Green Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Granby Mo., R Rt. Mo</u>	
24. FUNERAL DIRECTOR <u>W. Morris Pope</u> ADDRESS <u>Wheaton, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>June 25 1958</u>		26. REGISTRAR'S SIGNATURE <u>M. L. Young</u>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service
300 0
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

District Health Officer No. Newton
District File Number 658-142
Date Filed JUN 27 1958

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 James Kenneth Linn

Licensed Embalmer No. 47

P. O. Address Wheaton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.