

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010356

STATE FILE NUMBER

FILED APR 8 1959

Registration District No. 267

Primary Registration District No. 4386

Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wardell		c. CITY OR TOWN Hayti	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) R. R. 1	
3. NAME OF DECEASED (Type or print) First James Middle Lawson Last Rowe		4. DATE OF DEATH Month 3 Day 22 Year 59	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Egypt, Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lawson Rowe	
13b. MOTHER'S MAIDEN NAME Minnie Gillispie		14. NAME OF HUSBAND OR WIFE Mae Ella Rowe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. x	17. INFORMANT Mae Ella Rowe
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head		INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		981X	
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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot in argument while gambling	
20c. TIME OF INJURY 10 p.m. 3-21-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Private Home		20f. CITY, TOWN, OR LOCATION Wardell	
20g. COUNTY Pemiscot		20h. STATE Mo.	
21. I attended the deceased from 3-21-59 to 3-22-59 and last saw her/him alive on 3-22-59 Death occurred at 3:00 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David R Hensley		22b. ADDRESS Wardell, Mo.	
22c. DATE SIGNED 3-23-59		22d. (Degree or title) M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-26-59	
23c. NAME OF CEMETERY OR CREMATORY Honestown Cemetery		23d. LOCATION (City, town, or county) (State) Wardell, Mo.	
24. FUNERAL DIRECTOR Csburn Funeral Home, Wardell, Mo.		25. DATE RECD. BY LOCAL REG. 3-29-59	
26. REGISTRAR'S SIGNATURE Valeria Popham			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300
1557
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 6 1959

CARUTHERSVILLE MO

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 G. DeBum

Licensed Embalmer No. 4185
P. O. Address Wardell, Mo

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.