

AUG 7 1959 A-926

YC-16 873 855

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 362

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY WRIGHT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 30 days	c. CITY OR TOWN HARTVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS ROUTE # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DAVID Middle JESS Last ROWE			4. DATE OF DEATH Month July Day 26 Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-16-97	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING BUSINESS	11. BIRTHPLACE (City and state or country) LUTON, IOWA		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JESSE A ROWE		13b. MOTHER'S MAIDEN NAME KATE FRANCIS		14. NAME OF HUSBAND OR WIFE ALICE J. ROWE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 483-10-4790		17. INFORMANT VA HOSPITAL RECORDS Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNDIFFERENTIATED CARCINOMA (PROBABLY KIDNEY) WITH WIDESPREAD METASTASES.					INTERVAL BETWEEN ONSET AND DEATH 1 Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. GASTRIC ULCER				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.					
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 JUNE 26, 1959 to JULY 26, 1959 Died occurred 3:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G. W. GASKINS, M.D., Chief, Surg. Svc. (Degree or title)			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 7/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-26-59	23c. NAME OF CEMETERY OR CREMATORY Hartville Cem.		23d. LOCATION (City, town, or county) (State) Hartville, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8/1/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 AUG 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar W. Laffan

Licensed Embalmer No. 3374
P. O. Address Poplar Bluff

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