

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020216

Registration District No. <u>374</u>		Primary Registration District No. <u>4547</u>		Registrar's No. <u>12</u>		STATE FILE NUMBER	
FILED JUN 6 1961							
1. PLACE OF DEATH a. COUNTY <u>Worth</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u> Length of stay in 1b <u>1 week</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grant City Nursing Home</u> Inside Limits Yes ☒ No ☐				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY OR TOWN <u>Grant City</u> Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>L.</u> Last <u>Rowen</u>				4. DATE OF DEATH Month <u>May</u> Day <u>24</u> Year <u>1961</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>3-13-1881</u>	
9. AGE (last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housekeeper</u>		11. BIRTHPLACE (City and state or country) <u>Nodaway County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>William J. Smith</u>				13b. MOTHER'S MAIDEN NAME <u>Mary E. Winters</u>		14. NAME OF HUSBAND OR WIFE <u>Hugh Rowen</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>Mr. Smith West - Blockton, Iowa</u>	
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>Tobacco Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Flu</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		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>May 20 61</u> to <u>May 24 61</u> and last saw her alive on <u>May 23 61</u> Death occurred at <u>6:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. G. Parton, Jr.</u> (Degree or title)				22b. ADDRESS <u>Wynville Mo</u>		22c. DATE SIGNED <u>5-27-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5-26-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Bill Dwyer - R. C. Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>May 31-1961</u>		26. REGISTRAR'S SIGNATURE <u>Rita E. Dawson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Scott City

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.