

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3383-61-025460
STATE FILE NUMBER

AMENDED

Registration District No. 14.9 Primary Registration District No. 1002 Registrar's No.

FILED JUL 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George H. Taft

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>60 years</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Forest Dr. Nursing Home</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2201 Park</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Perry</u> Middle <u>Rowe</u> Last <u>Rowe</u>			4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>11/15/1874</u>
9. AGE (last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>apt. Nurses Macan, Ga.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.G.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.G.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Harward Rowe</u>		13b. MOTHER'S MARDEN NAME <u>Cindy ?</u>	13c. NAME OF HUSBAND OR WIFE <u>Pardee Bills Rowe</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Pardee Bills Rowe - 2201 Park</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>Dehydration and Cachexia</u> DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Hypertensive Cardiovascular disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u> </u> s.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 <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>7/2/61</u> to <u>7/5/61</u> and last saw her/him alive on <u>7/5/61</u> Death occurred at <u>3:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George H. Taft, M.D.</u> (Degree or title)		22b. ADDRESS <u>2204 E. 18th Street</u>	22c. DATE SIGNED <u>7/6/61</u>
23a. BURIAL, CREMATION, REMOVAL, SPECIFIC <u>Burial</u>		23b. DATE <u>7/10/1961</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Blue Ridge Lawn</u>
23d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>		23e. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	
24. FUNERAL DIRECTOR <u>E. Sterling Bills</u>		25. DATE RECD. BY LOCAL REG. <u>12/2/61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

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

E. Sterling Bills

Licensed Embalmer No.

3170

P. O. Address

1212 W. 1st
Kansas City, 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.