

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

399-61-045296
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 399

AMENDED FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia	Length of stay in lb 3 years	c. CITY OR TOWN Sedalia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 227 South Stewart	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JESSE Middle EDWARD Last ROWLES			4. DATE OF DEATH Month Dec. Day 24 Year 1961		
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 5/28/89	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 72 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Gen. Agriculture	11. BIRTHPLACE (City and state or country) Cooper County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Reuben Rowles		13b. MOTHER'S MAIDEN NAME Fannie Walker Rowles		14. NAME OF HUSBAND OR WIFE Pauline Tavener Rowles	
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. none	17. INFORMANT Mrs. Pauline Rowles, 227 South Stewart Sedalia, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema + Right Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardiac Decompensation	2 years
	DUE TO (c) Arteriosclerotic Heart Disease	3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiomegaly + hepatomegaly		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 5:10 a.m. 5:10 p.m.	Month, Day, Year	

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 Sedalia COUNTY Pettis STATE Missouri
21. I attended the deceased from 24 April 1959 to 24 December 1961 and last saw him alive on 23 December 1961 Death occurred at 5:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (degree or title) Stanley D. Fisher M.D.	22b. ADDRESS 500 West 16th Sedalia, Missouri	22c. DATE SIGNED 26 Dec '61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/26/61	23c. NAME OF CEMETERY OR CREMATORY Bunceton Cemetery
23d. LOCATION (City, town, or county) Bunceton, Missouri		(State)

24. GENERAL DIRECTOR Rhoad Ewing ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 12-29-1961	26. REGISTRAR'S SIGNATURE Frances Shelby
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
ITEM NO.
SHOULD READ
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION

MAY 31 1962

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 H. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, 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.