

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031541

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED AUG 31 1962

Primary Registration District No. 2001

Registrar's No.

426

VS 300
Rev. 4/591 499
2 8150

3

4 0

5 1

6

7 0

8 2

9 199.2

10

11

12 4-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)

JOPLIN

Length of stay in 1b

1 week

c. FULL NAME OF (If NOT in hospital, give location)

FREEMAN HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

KANSAS

b. COUNTY

CHEROKEE

c. CITY

GALENA

OR TOWN

GALENA

d. STREET ADDRESS

Route #1

(If outside, give location)

Route #1

4. DATE OF DEATH

Month

Day

Year

8

26

1962

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

ERNEST E

ROWDEN

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAY 14, 1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Smelter man

10b. KIND OF BUSINESS OR INDUSTRY

Ph & Zn

11. BIRTHPLACE (City and state or country)

Jasper Co. Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Phillip Charles Rowden

13b. MOTHER'S MAIDEN NAME

Celia Franklin

14. NAME OF HUSBAND OR WIFE

Ada Rowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Ada Rowden

Address

Rt 1 Galena Kan.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Abdominal Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

6 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Primary Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

none

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

Month, Day, Year

a.m. p.m.

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

GALENA

COUNTY

KANSAS

STATE

KANSAS

21. I attended the deceased from 7-1-62 to 8-26-62 and last saw him alive on 8-25-62

Death occurred at 2 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert L. Farrell M.D.

22b. ADDRESS

Joplin, Mo

22c. DATE SIGNED

26 Aug 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-29-1962

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Galena

(State)

Kansas

24. FUNERAL DIRECTOR

Roy L. Derfelt

ADDRESS

Galena, Kan.

25. DATE RECD. BY LOCAL REG.

8-28-1962

26. REGISTRAR'S SIGNATURE

Doore Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 18 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,

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roy L. Diefelt

Licensed Embalmer No. 4945

P. O. Address Galena Kansas

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.