

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 4 1959

59-024699

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNION</b>		Length of stay in 1b		c. CITY OR TOWN <b>UNION</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.R. # 1</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R.R. # 1</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CLYDE</b> Middle <b>N.</b> Last <b>ROWDEN</b>				4. DATE OF DEATH Month <b>JULY</b> Day <b>27</b> Year <b>1959</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-24-1907</b>		
				9. AGE (last birthday) <b>51</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>3</b> Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICIAN</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>VIENNA, MO.</b>			11. BIRTHPLACE (City and state or country) <b>U.S.A</b>		
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>								
13a. FATHER'S NAME <b>JOHN H. ROWDEN</b>				13b. MOTHER'S MAIDEN NAME <b>LIZZIE BARNHARDT</b>		14. NAME OF HUSBAND OR WIFE <b>HELEN ROWDEN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR 2</b>				16. SOCIAL SECURITY NO. <b>492-10-0825</b>		17. INFORMANT Address <b>MRS. HELEN ROWDEN UNION, MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Left Ventricular failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Chronic Congestive Heart failure</b> DUE TO (b) <b>Arteriosclerotic C.V.R. disease</b> DUE TO (c) <b>Diabetes Mellitus</b>						INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b> <b>3 years</b> <b>7 years</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>						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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Sept 1956</b> to <b>27 July 1959</b> and last saw him alive on <b>27 July 59</b> Death occurred at <b>11:30</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Wm. Richardson, M.D.</b>				22b. ADDRESS <b>Union, Mo</b>		22c. DATE SIGNED <b>29 July 59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JULY 31, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>IMMACULATE CON. CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>UNION, MO.</b>		
24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME UNION, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>7/30/59</b>		26. REGISTRAR'S SIGNATURE <b>F. J. Hightman</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 AUG 4

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, N.J.

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