

No. 300
10.48

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30779

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2004 Registrar's No. 420

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If rural, give location) 2358 Zora	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Wesley	
c. (Last) Rowland		4. DATE OF DEATH (Month) (Day) (Year) Sept 18, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 31, 1866
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months 6 Days 18	
11. BIRTHPLACE (State or foreign country) Retired Barber		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wesley Rowland		13b. MOTHER'S MAIDEN NAME Ida Qubeck	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Melvin Ritchey, 2358 Zora, Joplin	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Prostatic hypertrophy 19b. MAJOR FINDINGS OF OPERATION Hypertrophy of prostate, benign	
19a. DATE OF OPERATION 9-6-49		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office, etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-31, 1949 to 9-18, 1949, that I last saw the deceased alive on 9-18, 1949, and that death occurred at 6:30pm, from the causes and on the date stated above.			
23a. SIGNATURE E. H. Hamilton (Degree or title)		23b. ADDRESS Mrs. Frisco Bldg, Joplin, Mo.	
23c. DATE SIGNED 9-20-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9-21-1949		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	
24d. LOCATION (City, town, or county) Webb City, Mo.		24e. (State)	
DATE REC'D BY LOCAL REG 9-22-49		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary		ADDRESS Joplin Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED ~~9-26-49~~

Jasper County Health Office

County File Number 49-9-760

Date Filed 9-29-49

OCT 25 1949

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
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.