

No. 300
 10.48
 FILED JAN 28 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 938
 Registrar's No. 59

| | | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>59</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missourie</u> b. COUNTY <u>Texas</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>4 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston</u> | | <u>1070</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>No street address</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>EVERETT</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>ROWLAND</u> | | |
| 4. DATE OF DEATH <u>Jan 13, 1952</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>Jan 14, 1897</u> | |
| 9. AGE (In years last birthday) <u>55</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 12 HRS. Hours _____ Min. _____ | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |
| 13a. FATHER'S NAME <u>Jesse Rowland</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Patterson</u> | | | 14. NAME OF HUSBAND OR WIFE <u>---</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Francis Rowland, Wichita, Kansas</u> | | | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myelogenous Leukemia</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>2041</u> | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE/ HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>1-14, 1952</u> to <u>1-18, 1952</u> , that I last saw the deceased give on <u>1-18, 1952</u> , and that death occurred at <u>4:15P</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Marjorie D. Johnson, MD</u> (Degree or title) | | | | 23b. ADDRESS <u>Med. Arts Bldg. Springfield, Mo</u> | | 23c. DATE SIGNED <u>1-21-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Jan 19, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u> | | 24d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>1-21-52</u> | | REGISTRAR'S SIGNATURE <u>James A. Amos, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeizer, Springfield, Mo</u> ADDRESS <u>BW</u> | | | | | |

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

Wafford Jr
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Bernard F. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. *4293*

P. O. Address *Springfield, 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.