

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1987

S. No. 300
V. 10.48

FILED FEB 14 1952

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 11.

611

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier</u>		OR TOWN <u>Bevier</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>207 N. Linn</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>A.</u> c. (Last) <u>Rowland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 23, 1888</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A. Evans Oil Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Bevier, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel D. Rowland</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth A. Evans</u>	
13c. NAME OF HUSBAND OR WIFE <u>Winnie T. Rowland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or date of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>488-24-8788</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Winnie L. Rowland</u>		ADDRESS <u>Bevier Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES <u>6-11-52</u> 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. <u>CIRRHOSIS of liver</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		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>Jan 23, 1952</u> , to <u>Jan 31, 1952</u> , that I last saw the deceased alive on <u>Jan 30, 1952</u> , and that death occurred at <u>2:35 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James E. Campbell, M.D.</u>		23b. ADDRESS <u>Bevier Mo.</u>	
23c. DATE SIGNED <u>Feb 1/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/3/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>East Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier, Mo.</u>	
DATE/REC'D BY LOCAL REG. <u>2/9/52</u>		REGISTRAR'S SIGNATURE <u>Nuth McNeely</u>	
1952		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>	
ADDRESS <u>Macon</u>			

RECEIVED 2.11.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 252034
Date Filed 2.13.52

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 Thos. L. Bott

Licensed Embalmer No. 4552

P. O. Address Macon, 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.