

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH8553
State File No.
Registral's No. **1183**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) LEE'S SUMMIT	
c. LENGTH OF STAY (In this place) 7 Days		d. STREET ADDRESS (If rural, give location) 109 EAST 2nd, Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION StLuke Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Dee	c. (Last) Rowland	4. DATE OF DEATH (Month) (Day) (Year) 3/11/1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 27 1905	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Processor	10b. KIND OF BUSINESS OR INDUSTRY Locker Plant	11. BIRTHPLACE (State or foreign country) Lee's Summit Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Robert T Rowland	13b. MOTHER'S MAIDEN NAME Mary Jane	14. NAME OF HUSBAND OR WIFE Virginia Rowland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you give war or dates of service) 495-01-9355	17. INFORMANT'S SIGNATURE OR NAME Mrs Virginia Rowland Lee's Summit Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days Indef.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm of Aorta		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Arteriovascular Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary to phlebotomy (non-malignant)			Indef.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-4, 1952, to 3-11, 1952, that I last saw the deceased alive on 3-11, 1952, and that death occurred at 6 am., from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms MD (Degree or title)	23b. ADDRESS 4635 Wyandotte, K City Mo	23c. DATE SIGNED 3/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/14/1952	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City, town, or county) (STATE) Lee's Summit Mo.
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DATE REC'D BY LOCAL REG. 3-12-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE M.B. Langford	ADDRESS Lee's Summit Mo
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pheochromocytoma 224
mal. 195-

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 W.B. Langford

Licensed Embalmer No. 3823

P. O. Address Leis Summit

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.