No. 300
10.48

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31633

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette
c. LENGTH OF STAY (In this place) 2 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette 0451 0
d. STREET ADDRESS (If rural, give location) 406 N. Linn St.

3. NAME OF DECEASED (Type or Print)
a. (First) Sallie
b. (Middle) Biggs
c. (Last) Rowland

4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 11, 1879
9. AGE (In years last birthday) 73 — If under 1 year: Months 11, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and State or Foreign Country) Collierville, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George F. Biggs
13b. MOTHER'S MAIDEN NAME Ella Vick
14. NAME OF HUSBAND OR WIFE James Leonard Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Martha Rowland **ADDRESS** Fayette, Mo

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 8 yrs.
DUE TO (c)

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 331X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1946, *to* 9 Sept, 1953, *that I last saw the deceased alive on* Sept 19, 1953, *and that death occurred at* 5:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Mr. Shaw (Degree or title) MD
23b. ADDRESS Fayette Mo
23c. DATE SIGNED 9-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/10/53
24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery
24d. LOCATION (City, town, or county) Fayette (State) Missouri

DATE REC'D BY LOCAL REG. 9-14-53
REGISTRAR'S SIGNATURE Mary K. Shell
25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr **ADDRESS** Fayette, Mo
(Licensed Embalmer's Statement on Reverse Side)

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

DEC 19 1953

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.