

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11457

FILED APR 22 1954

State File No.

BIRTH NO.		REG. DIST. NO. <u>55</u>	PRIMARY REG. DIST. NO. <u>3011</u>	Registrar's No. <u>168</u>
I. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>		
b. CITY OR TOWN <u>Carrollton</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 N. Park</u>		e. STREET ADDRESS (If rural, give location) <u>910 N. Park 01710</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHE?</u> (Middle) <u>ROSE</u> (Last) <u>ROWLAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 15 1954</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 5 1896</u>	
9. AGE (In years last birthday) <u>57</u>		# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co Mo. U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY		12. CITIZEN OF WHAT COUNTRY		
12a. FATHER'S NAME <u>Wm. Keedaman</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Broline Allamoy</u>		14. NAME OF HUSBAND OR WIFE <u>James H. Rowland</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jack Jones</u> ADDRESS <u>Carrollton 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>Carcinomas</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Cervix</u> DUE TO (c) <u>V</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 year</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) <u>171X</u>
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>April 1953</u> , to <u>April 15, 1954</u> , that I last saw the deceased alive on <u>April 15, 1954</u> , and that death occurred at <u>5 A. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Degeen L. Gales M.D.</u> (Degree or title)		23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>4-16-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr. 17 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Carroll County Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4/17/54</u>		REGISTRAR'S SIGNATURE <u>45-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo.</u>

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

NOV 1 1954

NOV 3 1954

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
Signature of Student Embalmer

Signed *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carrollton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.