

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11489

0201

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

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>		d. STREET ADDRESS (If rural, give location) <u>West Olive Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 South Main Street.</u>				d. STREET ADDRESS (If rural, give location) <u>West Olive Street</u>					
3. NAME OF DECEASED (Type or Print) <u>MOSES</u>			a. (First) <u>M.</u>		b. (Middle) <u>ROWLAND</u>		c. (Last) <u>ROWLAND</u>		
4. DATE OF DEATH <u>April 3, 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-26-1878</u>	
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Moses M. Rowland</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Pollard</u>			14. NAME OF HUSBAND OR WIFE <u>Maud Barritt Rowland</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>O.H. Rowland</u> ADDRESS <u>Stockton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died from natural causes</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Propped dead on porch)</u>							
		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 <u>7955</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4<sup>th</sup></u> P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M.D. Swinn, Coroner</u>				23b. ADDRESS <u>El Dorado Springs, Mo.</u>			23c. DATE SIGNED <u>4-4-1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) <u>Dade County, Mo.</u> (State) _____			
DATE REC'D BY LOCAL REG. <u>APRIL 5, 1954</u>		REGISTRAR'S SIGNATURE <u>per [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>El Dorado Spgs., Mo.</u>			

**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 May W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs, 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.