

FILED MAY 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14893**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1100 Walnut St.</b>		e. STREET ADDRESS (If rural, give location) <b>1405 Windsor St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) **DELIAH** b. (Middle) **MOSS** c. (Last) **ROWLAND** 4. DATE OF DEATH (Month) (Day) (Year) **May 15, 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Sept. 13, 1868** 9. AGE (In years last birthday) **85** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Boone County, Missouri.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Goldsberry** 13b. MOTHER'S MAIDEN NAME **Sarah Jane** 14. NAME OF HUSBAND OR WIFE **James M. 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. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Claude Brown, 1100 Walnut, Columbia, Mo.** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocarditis**

ANTECEDENT CAUSES **Chronic Bronchitis**

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. \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH **6 yrs**

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **5021** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **May-15, 1954** to **May-15, 1954** that I last saw the deceased alive on **May-15, 1954** and that death occurred at **5:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **F.C. Suggett M.D.** (Degree or title) 23b. ADDRESS **Columbia Mo** 23c. DATE SIGNED **5-17-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **May 17, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **Columbia, Missouri.**

DATE REC'D BY LOCAL REG. **May 17 1954** REGISTRAR'S SIGNATURE **Mrs R E Palmer** 31- FUNERAL DIRECTOR'S SIGNATURE **Parsons Funeral Service** ADDRESS **Columbia, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

1956 & 847

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 *J. P. Kelly*.....  
Licensed Embalmer No. *489*.....  
P. O. Address *Columbus, Ind.*.....

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.