

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40004

State File No. _____

FILED DEC 29 1954

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>444</u>	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Adair</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirkville</u>)		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY OR TOWN <u>Kirkville</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>1003-E-Washington</u>				e. STREET ADDRESS (If rural, give location) <u>1003-E-Washington</u> 0013 Co			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ALICE</u>	b. (Middle) _____	c. (Last) <u>ROWAN</u>	(Month) <u>12</u>	(Day) <u>24</u>	(Year) <u>54</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 26, 1960</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Adams County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mathew Quinn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Rowan(D)</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>Orella Rogerson, Kirkville, 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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				<u>2 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosis & Hypertension</u>				<u>more than 7 years</u>	
		DUE TO (c) <u>General Debility - Left sided hemiplegia due to Arteriosclerosis</u>				<u>2 years</u>	
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>591 X</u>					
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) _____		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>May 21, 1947</u>, to <u>Dec 24, 1954</u>, that I last saw the deceased alive on <u>Nov 1, 1954</u>, and that death occurred at <u>11 A. m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D.O. A. Kirkville, Mo.</u>				23b. ADDRESS		23c. DATE SIGNED	
				<u>Kirkville, Mo.</u>		<u>12/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-27-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> <u>Kirkville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Robert B. Davis

Licensed Embalmer No. *426*

P. O. Address *Hicksville*

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.