

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39005**

FILED DEC 11 1956

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **220**

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (in this place) 44 Months	c. CITY OR TOWN Rolla
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 712 East 11th Street.	

3. NAME OF DECEASED (Type or Print) ELLA	a. (First) ELLA	b. (Middle) C.	c. (Last) ROWLAN	4. DATE OF DEATH Nov. 29, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 1, 1970	9. AGE (in years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mln. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Iberia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Thompson	13b. MOTHER'S MAIDEN NAME Eliza Jane Thompson	14. NAME OF HUSBAND OR WIFE John A. Rowlan (dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Josie Hayes, Rt. 1 Rolla Mo.,	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		?
	ANTECEDENT CAUSES 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 Fracture hip 6 weeks ago		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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from years, 19 , to 11-29, 1956, that I last saw the deceased alive on 11-28, 1956 and that death occurred at 2:20P m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Ferris, M.D.	(Degree or title) M.D.	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 12-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 1, 1956	24c. NAME OF CEMETERY OR CREMATORY Relfe Cemetery	24d. LOCATION (City, town, or county) (State) near Edgar Springs Mo.,
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DATE REC'D BY LOCAL REG. Dec. 3, 1956	REGISTRAR'S SIGNATURE Nadine L. Stree	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home	ADDRESS Rolla Mo.,
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RECEIVED

Phelps County Health Officer,

County File Number 597

Date Filed JEC 10 1956

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 S. L. V. [Signature]

Licensed Embalmer No. 329

P. O. Address Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.