

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019173
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 126

S. 300
1-57

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|---|------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN 07820 Caruthersville |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hospital | | Length of stay in 1b 24hrs | d. STREET ADDRESS (If outside, give location) 610 Carleton Ave. |
| 3. NAME OF DECEASED (Type or print) First Middle Last Morrison R. Rowland | | | 4. DATE OF DEATH Month Day Year May 16 1958 |
| 5. SEX Male | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb-1-1899 |
| 9. AGE (In years that birthday) 59 | | IF UNDER 1 YEAR Months 3 Days 15 Hours 15 Min. | IF UNDER 24 HRS. Hours 15 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME J.E. Rowland | 13b. MOTHER'S MAIDEN NAME Maggie Morrison |
| 14. NAME OF HUSBAND OR WIFE Alice Rowland | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. |
| 17. INFORMANT Alice Rowland | | Address Caruthersville, Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke | | | INTERVAL BETWEEN ONSET AND DEATH 1 hour |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ruptured Cerebral artery with blood clot | | | 24 hrs |
| DUE TO (c) Dissecting Aneurysm | | | 25 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5810 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from May 15, 1958 to May 16, 1958 and last saw him alive on May 16, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | | 22b. ADDRESS Caruthersville, Mo | |
| 22c. DATE SIGNED 5/20/58 | | 22d. ADDRESS | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May-18-1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY Little Prairie | | 23d. LOCATION (City, town, or county) (State) Caruthersville, Mo | |
| 24. FUNERAL DIRECTOR LaForge Und. Co | | 25. DATE RECD. BY LOCAL REG. 5-26-58 | |
| ADDRESS Caruthersville | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

5-157-58

JUN 4 1958

MAY 28 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79 -
CARUTHERSVILLE, MO.

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 *Mal Dean*

Licensed Embalmer No. *394*

P. O. Address *Caruthersville*

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.