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FILED VS NOV 23 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-039111
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 527

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN Poplar Bluff — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION 608 N. E St. — Length of stay in Hospital 21 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 608 N. E St. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CLARA Middle BELL Last ROWLAND

4. DATE OF DEATH Month October Day 29 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH Nov. 27, 1870

9. AGE (In years on last birthday) 88 — IF UNDER 1 YEAR: Months 11 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Cowden, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Brooks Banning

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Deceased

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. None

17. INFORMANT C. L. Rowland Address 608 N. E St. Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 20 Oct 59, to 29 Oct 59 and last saw her alive on 27 Oct 59
Death occurred at 3:00 A M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Cyril A. Rist M.D. (Degree or title)

22b. ADDRESS Poplar Bluff Mo.

22c. DATE SIGNED 3 Nov 59.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-30-59

23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

23d. LOCATION (City, town, or county) Poplar Bluff, Missouri (State)

24. FUNERAL DIRECTOR Russell-Ermert ADDRESS Box 377 Corning, Ark.

25. DATE RECD. BY LOCAL REG. 11/10/59

26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Richard C. Ermer

Licensed Embalmer No. 782

P. O. Address Corning, A.

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.