DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1959

59-043013
STATE FILE NUMBER

MENDED

Registration District No. 326 Primary Registration District No. _____ Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Scotland
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granger
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scotland
c. CITY OR TOWN Granger
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: James Middle: Roy Last: Rowland

4. DATE OF DEATH Month: Nov. Day: 27 Year: 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-1882

9. AGE (last birthday) 77

IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ 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) Granger Missouri

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

13a. FATHER'S NAME Mayfield Rowland

13b. MOTHER'S MAIDEN NAME Margaret Duncan

14. NAME OF HUSBAND OR WIFE

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. 725-07-9363

17. INFORMANT Geo. Rowland Jr. Address 3108 Ave J. Madison Ia.

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Was found dead about 9 a.m. Nov. 27, 1959

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Granger COUNTY Scotland STATE Mo.

21. I attended the deceased from NO to NO and last saw her/him alive on NO
Death occurred at approximately 5:30 PM Nov 27, 1959 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. M. Sinder (Degree or title) D.O. Coroner of Scotland County

22b. ADDRESS Gorin Mo

22c. DATE SIGNED Dec. 2, 1959

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

23b. DATE Nov. 30-1959

23c. NAME OF CEMETERY OR CREMATORY Black Oak Ce.

23d. LOCATION (City, town, or county) Scotland Co. (State) Mo.

24. FUNERAL DIRECTOR Alva L. Suttery ADDRESS Kahoka Mo.

25. DATE RECD. BY LOCAL REG. 12-3-59

26. REGISTRAR'S SIGNATURE Vera G. Turner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 11 19[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Otis L. Tutting

Signature of Student Embalmer

Licensed Embalmer No. 2965

P. O. Address Luray

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.