

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12759

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3024 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b> <span style="float: right;">0457</span>	
c. LENGTH OF STAY (in this place) <b>23 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>404 North Linn St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Leonard</b> c. (Last) <b>Rowland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/8/1882</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ice &amp; Coal Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Homer Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>George T. Rowland</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Steele</b>		14. NAME OF HUSBAND OR WIFE <b>Sallie Biggs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs James L. Rowland Fayette, Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Atelectasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b> <b>?</b>  <b>5233</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Pneumococci</b>		
	DUE TO (c)		
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 type="checkbox"/>
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) m.	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 April 14<sup>th</sup>, 1950, to March 19<sup>th</sup>, 1950, that I last saw the deceased alive on 3-18, 1950, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE <b>M. J. Shaw, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Fayette, Mo.</b>	23c. DATE SIGNED <b>3-20-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/21/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
DATE REC'D BY LOCAL REG <b>3-20-50</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shree</b>	436	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Galush A Carr Fayette, Mo.</b>

(Licensed Embalmer's Statement of Reverse Side)

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

No. 300  
10.48

451

MAR 31

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-15-50

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.

Signed

*Ralph A. Carr*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*3340*

P. O. Address

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