S. No. 300
v. 10.48

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

AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23550

State File No.

BIRTH NO. REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Putnam 0860
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL ELM TMP. c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Livonia Mo. RFD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL ELM TMP. 0860
d. STREET ADDRESS (If rural, give location) Livonia, Mo. RFD

3. NAME OF DECEASED (Type or Print)
a. (First) Fannie b. (Middle) Catury c. (Last) Rowland

4. DATE OF DEATH (Month) (Day) (Year) July 25 1952

5. SEX F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) W

8. DATE OF BIRTH MAR. 23, 1870 **9. AGE** (In years last birthday) 82 IF UNDER 1 YEAR Months 4 Days 2 IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homework
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Putnam Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Robbins
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE James Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Geo Rowland, ADDRESS Livonia, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Heart — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Chronic Nephritis

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 592 X
20. AUTOPSY? YES ☐ NO ☒

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) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1952, *to* July 25, 1952, *that I last saw the deceased alive on* July 24, 1952 *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) D. Vorst M.D.
23b. ADDRESS Coatsville Mo
23c. DATE SIGNED July-25-

24a. BURIAL, CREMATION, REMOVAL (Specify) B.
24b. DATE July 27, 52
24c. NAME OF CEMETERY OR CREMATORY Rose Cem
24d. LOCATION (City, town, or county) Putnam Co (State) Mo

DATE REC'D BY LOCAL REG. 8-2-52
REGISTRAR'S SIGNATURE Merrell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE F. O. Gusted Son
ADDRESS Unionville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Murl E. Husted

Signed.....
Student Embalmer

Licensed Embalmer No. 3304

P. O. Address Monroville, O.

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.