

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27252

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>850</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>		
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1216 Frederick Ave.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>	b. (Middle) <u>Alvin</u>	c. (Last) <u>Rowland</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 1952</u>				
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>June 9, 1886</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>clothing store</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jesse Rowland</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Lyons</u>		14. NAME OF HUSBAND OR WIFE <u>Eith</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Orwick</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) Arteriosclerotic Heart Disease</u>  <u>DUE TO (c)</u>  II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>Unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4.260</u>		20. AUTOPSY? YES <input checked="" 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 <u>5-19</u> , 19 <u>52</u> , to <u>8-5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>8-5</u> , 19 <u>52</u> , and that death occurred at <u>9:30a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. W. Henry D. M.D.</u>		23b. ADDRESS <u>Tootle Building</u> <u>St. Joseph, Missouri</u>		23c. DATE SIGNED <u>8-7-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/8/1952</u>	24c. NAME OF CEMETERY OR CREMATORY, <u>#6 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Frazier, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Aug 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman Funeral Home</u> ADDRESS <u>St Joseph, Mo.</u>

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

0117

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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 .....  
Student Embalmer

Signed Eugene Wood \_\_\_\_\_

Licensed Embalmer No. 3804 \_\_\_\_\_

P. O. Address 314 So. 10th, St. Joseph, 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.