No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16856

FILED MAY 12 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wash. Township
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): State Hospital #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo.
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1406 Prairie Springfield Mo.
d. STREET ADDRESS (If rural, give location): 1406 Prairie 0396

3. NAME OF DECEASED (Type or Print)
a. (First): Nettie
b. (Middle): Eunice
c. (Last): Rowland

4. DATE OF DEATH (Month) (Day) (Year): May 7 1953

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 17 1893
9. AGE (In years last birthday): 59
If under 1 year: Months: 7 Days: 20
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (City and State or Foreign Country): Hellers County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Francis M Montgomery
13b. MOTHER'S MAIDEN NAME: Savera Shanks
14. NAME OF HUSBAND OR WIFE: Widowed

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'S SIGNATURE OR NAME: Records State Hosp #3 ADDRESS: Nevada

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) General Paralysis of the Insane — INTERVAL BETWEEN ONSET AND DEATH: 7 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Syphilis 025X
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
~~Psychosis~~ Psychosis G.N.N. — 7 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: ~~Psychosis~~ G.N.N.
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): — 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* 8-15, 1953, *to* 5-7, 1953 *that I last saw the deceased alive on* May 6, 1953, *and that death occurred at* 12 45 m., *from the causes and on the date stated above.*

23a. SIGNATURE: George Wheeler Wilson (Degree or title) MD O.
23b. ADDRESS: State Hospital #3
23c. DATE SIGNED: 5-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-10 1953
24c. NAME OF CEMETERY OR CREMATORY: Randlee
24d. LOCATION (City, town, or county) (State): Dallas Co Mo

DATE REC'D BY LOCAL REG.: 5-9-1953
REGISTRAR'S SIGNATURE: Anna E Ferry 451-0
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo Mi

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.