

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25203

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5010 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Andrew Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Andrew Co.	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bolckow R.K.)		c. CITY OR TOWN Bolckow	
c. LENGTH OF STAY (in this place) 5 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm home		e. STREET ADDRESS (If rural, give location) 4 Mi. SE. Bolckow Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) Belle c. (Last) Rowland		4. DATE OF DEATH 8.18.1955 (Month) (Day) (Year)	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 2.24.1882
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Gentry Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Coyle	
13b. MOTHER'S MAIDEN NAME Melissa Johnson		14. NAME OF HUSBAND OR WIFE Fred Rowland	
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 Virgil Rowland.		ADDRESS Bolckow 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Embolism DUE TO (c) Coronary Artery Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sensibility 4201	
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 1-1-52, 1952, to 8.18.1955, 1955, that I last saw the deceased alive on 8-15, 1955, and that death occurred at 5:30 P.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Dr. Jim T. Harrison, D.O.		23b. ADDRESS King City Mo.	
23c. DATE SIGNED 8.20.55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8.21.55		24c. NAME OF CEMETERY OR CREMATORY Flagesprings	
24d. LOCATION (City, town, or county) (State) Flagesprings Mo		25. FUNERAL DIRECTOR'S SIGNATURE R.H. Taggart	
25. ADDRESS King City Mo.		DATE REC'D BY LOCAL REG. 8-24-55	
REGISTRAR'S SIGNATURE Clyde A. Bridges		ADDRESS King City 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.....
Signature of Student Embalmer

Signed *R. A. Taggart*.....

Licensed Embalmer No. 2563

P. O. Address King City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.