

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35565**

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5496</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak TWP</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural White Oak Twp</u> <u>0410</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles Southwest of New Hampton</u>				d. STREET ADDRESS (If rural, give location) <u>Mo 1 1/2 miles Southwest of New Hampton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u>			b. (Middle) <u>Kelly</u>		c. (Last) <u>Rowlett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 5, 1871</u>		9. AGE (In years last birthday) <u>86</u>	10 UNDER 1 YEAR Months	11 UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Hiram Kelly</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Eliga O. Rowlett (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. K. Rowlett New Hampton, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Chronic Parenchymatous Nephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>59 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>						<u>59 yr</u>
	DUE TO (c) <u>Anemia</u>						<u>4 yr</u>
	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? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" 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)		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>1952</u> to <u>Nov 2</u> , 1957, that I last saw the deceased alive on <u>Nov 1</u> , 1957, and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. Green, D.O.</u>		(Degree or title)		23b. ADDRESS <u>New Hampton, Mo</u>		23c. DATE SIGNED <u>11-4-57</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov 4, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Hampton, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-4-57</u>		REGISTRAR'S SIGNATURE <u>Bella Mayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Abel, Son</u>		ADDRESS <u>New Hampton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 3 1957

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 William George Noble

Licensed Embalmer No. 4987

P. O. Address New Hampton, 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.