

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029952  
STATE FILE NUMBER

FILED AUG 20 1958 Registration District No. 290 Primary Registration District No. 5986 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <b>pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Crocker, Mo Tavern Twp</b>		c. CITY OR TOWN <b>Crocker, MO Rural Rt. # 2</b>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural Rt. # 2.</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. # 2.</b>	
3. NAME OF DECEASED (Type or print) <b>CHESTER ARTHUR ROWLAND.</b>		4. DATE OF DEATH Month <b>8</b> Day <b>8</b> Year <b>58</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 20, 1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and state or country) <b>Great Bend, Kansas!</b>
13a. FATHER'S NAME <b>William Rowland.</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah. (Unknown.)</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Elizabeth Rowland</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT Address <b>Alick E. Rowland Crocker, Mo!</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial insufficiency acute 2 days.</b> DUE TO (b) <b>myocardial insufficiency, chronic years</b> DUE TO (c) <b>4222</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>8-7-58</b> to <b>8-7-58</b> and last saw <sup>him</sup> alive on <b>8-7-58</b> . Death occurred at <b>4:00 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Richland, Missouri.</b>	22c. DATE SIGNED <b>8-13-58.</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>8/9/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Concord, Cemetery.</b>	23d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b>		DATE RECD. BY LOCAL REG. <b>8-13-58</b>	24. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 .....  
Signature of Student Embalmer

Signed *Clarence Moore* .....

Licensed Embalmer No. *4896* .....

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