URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59-040541
STATE FILE NUMBER

ENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 517

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crestview Rest Home — Inside Limits Yes [XX] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location) 722 North Cottage — Reside on Farm Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print) First: MARGARET Middle: BOYLE Last: ROWLAND
4. DATE OF DEATH Month: November Day: 18 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [XX] Divorced [ ]
8. DATE OF BIRTH: 11-17-1877
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Kingsville, Missouir
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John William Boyle
13b. MOTHER'S MAIDEN NAME: Perelia Jane Wall
14. NAME OF HUSBAND OR WIFE: Asa L. Rowland, Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Helena Campbell, 722 N. Cottage, Indep.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary edema — 8 mo
DUE TO (c) Bronchopneumonia — 3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis, senility, malnutrition
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 11-15-59 to 11-18-59 and last saw her alive on 11-18-59
Death occurred at 11:48 pm 11-18-59 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] DO
22b. ADDRESS 4701 Farley Ave
22c. DATE SIGNED 11-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-21-59
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) (State): Pleasant Hill, Missouri

24. FUNERAL DIRECTOR ADDRESS: Geo.C.Carson & Sons, Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 11-21-59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

white

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm G Cantrell

Signature of Student Embalmer

Licensed Embalmer No. 5082

P. O. Address Indep., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.