

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 28 1960

-60-040994

Registration District No. 27 Primary Registration District No. 5099 Registrar's No. 137

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Worland Wainwright		Length of stay in 1b about 60 yrs	c. CITY OR TOWN Worland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Edward Middle Leslie Last Rowland			4. DATE OF DEATH Month November Day 20 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 30 1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wilson County Kansas	12. CITIZEN OF WHAT COUNTRY usa	
13a. FATHER'S NAME John D Rowland		13b. MOTHER'S MAIDEN NAME Elmira M Fine		14. NAME OF HUSBAND OR WIFE unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. H.E. Isham Address 3325 Chestnut KCMo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac Failure		1 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypotension	2 Days
	DUE TO (c) Vomiting and Diarrhea of Intestinal Flu	5 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Debility		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 WORK <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 Nov. 20, 1960 to Nov. 20, 1960	COUNTY Nov. 20, 1960	STATE Nov. 20, 1960
21. I attended the deceased from Nov. 20, 1960 to Nov. 20, 1960 and last saw him alive on Nov. 20, 1960 Death occurred at 7:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W.V. Schuler D.O.	Degree or Title	22b. ADDRESS Amoret, Missouri	22c. DATE SIGNED 11-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov 22 1960	23c. NAME OF CEMETERY OR CREMATORY Benjamin	23d. LOCATION (City, town, or county) (State) Amoret, Bates Missouri

TOWNSHIP REGION Carl A. Farneden	ADDRESS Pleasanton Kansas	25. DATE RECD. BY LOCAL REG. Nov. 22-1960	26. REGISTRAR'S SIGNATURE Kendall Arney
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

