

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005196

AMENDED Registration District No. 139 Primary Registration District No. 4220 Registrar's No. 13 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED VS MAR 6 1961

1. PLACE OF DEATH
 a. COUNTY HOLT
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOUND City Length of stay in lb 4 weeks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNCAN Nursing Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE KANSAS b. COUNTY DROWN
 c. CITY OR TOWN HIAWATHA Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 813 MIAMI ST. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
HARRY ARIO ROWLAND FEB. 28 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/27/1889 9. AGE (last birthday) 71
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN 10b. KIND OF BUSINESS OR INDUSTRY BUILDING MATERIAL 11. BIRTHPLACE (City and state or country) MOUND City, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ARIO ROWLAND 13b. MOTHER'S MAIDEN NAME MARTHA GRIFFITH 14. NAME OF HUSBAND OR WIFE IVA ROWLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I 17. INFORMANT JOHN A. ROWLAND Address 1306 S. 20TH ST. JOSEPH, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY)
 IMMEDIATE CAUSE (a) Peripheral Circulatory Collapse INTERVAL BETWEEN ONSET AND DEATH 5 minutes
 DUE TO (b) Gastrointestinal Hemorrhage 10 minutes
 DUE TO (c) Esophageal varices months
 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) chronic cholelithiasis, emphysema, fibrosis
 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 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 Feb. 15, 1961 to Feb. 26, 1961 and last saw him alive on Feb. 26, 1961
 Death occurred at 640 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Humpherson M.D. 22b. ADDRESS MOUND City, Mo 22c. DATE SIGNED Mar. 1, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3/2/1961 23c. NAME OF CEMETERY OR CREMATORY New Liberty Cem. 23d. LOCATION (City, town, or county) (State) HOLT COUNTY, Mo.

24. FUNERAL DIRECTOR James H. Crawford, MOUND City, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 3-1-1961 26. REGISTRAR'S SIGNATURE James H. Crawford

MAR 28 1961

APR 19 1961

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 James Bradford

Licensed Embalmer No. 4796

P. O. Address Mound 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.