

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035837

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 48

AMENDED

FILED NOV 14 1961

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SCOPUS</u>		Length of stay in lb <u>5 yrs</u>	c. CITY OR TOWN <u>SCOPUS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi North SCOPUS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>ST-RT-</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>John WARREN Rowland</u>			4. DATE OF DEATH Month Day Year <u>Nov. - 7 - 1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-28-1894</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FURN FACTORY</u>		11. BIRTHPLACE (City and state or country) <u>Gana Ill.</u>	
13a. FATHER'S NAME <u>CHAS P. ROWLAND</u>		13b. MOTHER'S MAIDEN NAME <u>EUNICE M-BAKER</u>		14. NAME OF HUSBAND OR WIFE <u>Eutha ROWLAND</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			17. INFORMANT <u>Eutha Rowland Scopus Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Internal Hemorrhage

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Crushed chest cavity & Body trunk

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Falling tree

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.)
body pinned under fallen tree

20c. TIME OF INJURY
Hour 9 a.m. / p.m.
Month, Day, Year 11-7-1961

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.)
woods

20f. CITY, TOWN, OR LOCATION
2 mi So Seligsville, Mo

20g. COUNTY
Mo

20h. STATE
Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on 11-7-1961
Death occurred at 9 o'clock A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Gene Ward - Coroner

22b. ADDRESS
Julesville Mo

22c. DATE SIGNED
11-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
11-9-61

23c. NAME OF CEMETERY OR CREMATORY
COOK Cem.

23d. LOCATION (City, town, or county) (State)
SCOPUS, MO

24. FUNERAL DIRECTOR
Gene Ward Julesville Mo

25. DATE RECD. BY LOCAL REG.
11-10-61

26. REGISTRAR'S SIGNATURE
Mr. Buford Crader

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

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

Ernest Spahr

Licensed Embalmer No. 4287

P. O. Address Brown Lane
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.