

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-041392

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 Registration District No. 46 Primary Registration District No. 3026 Registrar's No. 565 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

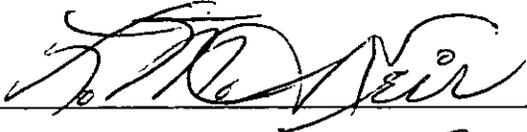
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 424 E. Lexington		d. STREET ADDRESS (If outside, give location) 424 E. Lexington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MRS. BESSIE Middle BELLE Last ROWLAND		4. DATE OF DEATH Month November Day 23 , Year 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1888
9. AGE (last birthday) 73		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	11. BIRTHPLACE (City and state or country) Jackson Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME D. B. Hedges	
13b. MOTHER'S MAIDEN NAME Stella Latimer		14. NAME OF HUSBAND OR WIFE Harry D. Rowland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Harry D. Rowland Address 424 E. Lexington, Indep., Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca fundus & uterus & massive size 1951 extending through abdomen pelvis DUE TO (c) Colostomy	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 _____ COUNTY _____ STATE _____	
21. I attended the deceased from 12/21-1951 to 11/23/1961 and last saw her alive on 11/22/1961 Death occurred at 6:00 am 11/23/1961 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. J. Gardner (Degree or title)		22b. ADDRESS 10901 Winner Independence Mo	
22c. DATE SIGNED 11/24/61		23a. NAME OF CEMETERY OR CREMATORY Woodlawn	
23b. DATE Nov. 25, 1961		23c. LOCATION (City, town, or county) Independence, Missouri (State)	
24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 11-24-61	
26. REGISTRAR'S SIGNATURE Alba L. Craig			

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  _____

Licensed Embalmer No. 3156

P. O. Address Indep. 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.