MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-047813
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 8048 Registrar's No. 3

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JAN 7 1963

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Maryville
Length of stay in Ib 2 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Francis Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Nodaway
c. CITY OR TOWN Barnard
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Cecil Middle Rowlett Last
4. DATE OF DEATH Month 12 Day 30 Year 1962
5. SEX Male
6. COLOR OR RACE Cau.
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-16-1902 – 60
9. AGE (last birthday)
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Skidmore Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Rowlett
13b. MOTHER'S MAIDEN NAME Ella Burg
14. NAME OF HUSBAND OR WIFE Ella Rowlett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Mrs Ella Rowlett-Barnard Address 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ 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 12/26/62 to 12/31/62 and last saw her/him alive on 12/31/62
Death occurred at 11:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. F. Byland (Degree or title) MD
22b. ADDRESS Maryville Mo
22c. DATE SIGNED 1/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-2-1963
23c. NAME OF CEMETERY OR CREMATORY Graham Cem.
23d. LOCATION (City, town, or county) Graham (State) Mo
24. FUNERAL DIRECTOR Atchison
ADDRESS Maryville, Mo
25. DATE RECD. BY LOCAL REG. 1-4-63
26. REGISTRAR'S SIGNATURE Bess Wolt

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0745		
2	0740		
3			
4	0		
5	1		
6			
7	0		
8	0		
9	420.1		
10			
11			
12	2-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

JAN 31 1963

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_____ Signed G M Atkinson

Signature of Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Maryville, 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.