

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40314

State File No.

0150

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>29</u>		PRIMARY REG. DIST. NO. <u>5174</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Adair</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Camden Springs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 0150</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Peter</u>		b. (Middle) <u>Warden</u>		c. (Last) <u>Rowland</u>	
4. DATE OF DEATH		Month <u>Dec</u>		Day <u>27</u>		Year <u>1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 25-1968</u>		9. AGE (In years last birthday) <u>86</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	11. IF UNDER 12 HRS. Hours <u>1</u> Min. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agri</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co Mo</u>		12. CITIZENSHIP (Specify) <u>USA</u>	
13a. FATHER'S NAME <u>Peter Warden Rowland</u>		13b. MOTHER'S MAIDEN NAME <u>Mauda Southwestern</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Gunn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no; if yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jane Gunn as above</u>		ADDRESS <u>as above</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 31, 1954</u> , to <u>Nov 27, 1954</u> , that I last saw the deceased alive on <u>Nov 27, 1954</u> , and that death occurred at <u>9:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>F. Wierling Bereman, D.O.</u>				23b. ADDRESS <u>Clinch Springs, Mo.</u>		23c. DATE SIGNED <u>1-3-55</u>	
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clinch Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Clinch Springs MO</u>	
DATE REC'D BY LOCAL REG. <u>1-4-55</u>		REGISTRAR'S SIGNATURE <u>Alda R. Eldred</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankton Wierling</u>		ADDRESS <u>Camdenton MO</u>	

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
Student Embalmer

Signed

Abbie Bankson Wood

Licensed Embalmer No. *2488*

P. O. Address *Camden, N.J.*

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 this body is not embalmed, fact should be so stated above.