

# MISSOURI DEATH CERTIFICATE - STANDARD

59-041037

FILED VS NOV 23 1959

ENDED

STATE FILE NUMBER

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 97

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Moniteau</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>California, Mo Walker</u> Length of stay in 1b <u>50 Yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt # 1 - Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY OR TOWN <u>California, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>Rt #1</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>William</u> Middle <u>Alex</u> Last <u>Roland</u>				<b>4. DATE OF DEATH</b> Month <u>Nov</u> Day <u>12</u> Year <u>1959</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Colored</u>		<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>1/16/66</u>	
<b>9. AGE</b> (last birthday) <u>93</u>		<b>IF UNDER 1 YEAR</b> Months <u>9</u> Days <u>27</u>		<b>IF UNDER 24 HR</b> Hours <u></u> Min. <u></u>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Miller</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Flower Mills</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>							
<b>13a. FATHER'S NAME</b> <u>Un Known</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>UnKnown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Deceased</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT</b> <u>James Roland</u> Address <u>California, Mo.</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>							<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 hour</u>
<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <u></u>							<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u></u>			
<b>20c. TIME OF INJURY</b> Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		<b>20f. CITY, TOWN, OR LOCATION</b> <u></u>		<b>COUNTY</b> <u></u> <b>STATE</b> <u></u>	
<b>21. I attended the deceased from</b> <u>June 1954</u> to <u>Nov 12, 1959</u> and last saw <u>him</u> alive on <u>Nov 1 1959</u> Death occurred at <u>7:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Leonard M. Ballou, M.D.</u>				<b>22b. ADDRESS</b> <u>California, Mo</u>		<b>22c. DATE SIGNED</b> <u>11/14/59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>11/15/59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>California, Mo</u> (State) <u></u>	
<b>24. FUNERAL DIRECTOR</b> <u>Bowlin Funeral Home - California, Mo</u> ADDRESS <u></u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>11/17/59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Nelson L. Popejoy</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Jack H. Bowlin*

Licensed Embalmer No. 4933

P. O. Address California, 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.