FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42775

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10503

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 35 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREENVILLE 8120
d. STREET ADDRESS (If rural, give location): 421 WEST MAIN 8

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): T.
c. (Last): ROWLAND

4. DATE OF DEATH (Month) (Day) (Year): DEC 8, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Feb. 28, 1875

9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Natural Gas Distributor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New Castle, Pa.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob M. Rowland

13b. MOTHER'S MAIDEN NAME: Mahlon Dowler

14. NAME OF HUSBAND OR WIFE: Mabelle G.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S SIGNATURE OR NAME: Mabelle G. Rowland
ADDRESS: 421 West Main St. Greenville, Illinois

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE GANGRENOUS PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 MO.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) MYELOFIBROSIS — 6 WKS. ?
DUE TO (c) N

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death ARTERIOSCLEROTIC HEARTS DISEASE — 5 YRS.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? 5-21 X

22. *I hereby certify that I attended the deceased from* NOV 3, 1950, *to* DEC 8, 1950, *that I last saw the deceased alive on* DEC 8, 1950, *and that death occurred at* 3:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE H. Bradley (Degree or title) M.D.

23b. ADDRESS: Barnes Hospital

23c. DATE SIGNED: 12/9/50

24a. BURIAL, CREMATION, REMOVAL (Specify): removal ?

24b. DATE: 12-9-50

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Greenville, Illinois

DATE REC'D BY LOCAL REG.: DEC 9 1950

REGISTRAR'S SIGNATURE: J. Blacater

25. FUNERAL DIRECTOR'S SIGNATURE: C.R. Lupton & Sons
ADDRESS: 7233 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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