

FILED MAR 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5237

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Robertson</b>	
c. LENGTH OF STAY (in this place) <b>879 Days</b>		4.000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Sanatorium</b>		d. STREET ADDRESS (If rural, give location) <b>Route #2, Box 612</b>	

3. NAME OF DECEASED (Type or Print) <b>Eloise Rowland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 12, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>6-3-20</b>	9. AGE (In years last birthday) <b>30</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Little Rock, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Aaron Rowland</b>	13b. MOTHER'S MAIDEN NAME <b>Truelove</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Ann Wilson, Mt. Vernon, Missouri</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>App. 9 Yrs.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b>		DUE TO (b) _____		002X
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) m.	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 9-16-, 1918, to 2-12-, 1951, that I last saw the deceased alive on 2-12-, 1951, and that death occurred at 6:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. A. Brushier M.D.</b>	23b. ADDRESS <b>Mt. Vernon, Missouri</b>	23c. DATE SIGNED <b>Feb. 13 1951</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb 17, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Louis</b>
		24d. LOCATION (City, town, or county) (State) <b>Mo.</b>

DATE REC'D BY LOCAL REG. <b>Feb 13, 1951</b>	REGISTRAR'S SIGNATURE <b>Cecil Handicks</b>	411	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. D. Fossett</b>	ADDRESS <b>Mt. Vernon Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0550

~~DEPARTMENT OF HEALTH OF MO.  
District No. 5 - Springfield~~

~~RECEIVED FEB 20 1951~~

~~Dist. File \_\_\_\_\_~~

~~Date Filed \_\_\_\_\_~~

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED FEB 20 1951

Dist. File 2-5-1-411

Date Filed 2-20-51

MAR 1 1951

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed H. R. Lassett

Licensed Embalmer No. 2201

P. O. Address West Vernon, 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 this body is not embalmed, fact should be so stated above.