

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24788

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		c. CITY OR TOWN <u>Flat River</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>202 Wilson</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Thomas</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Rowe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 10 - 1900</u>	9. AGE (In years last birthday) <u>55-7-20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maintainance man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joseph's Hospital Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Richwoods, Mo - Washington Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mr. Samuel Harrison Rowe</u>		13b. MOTHER'S MAIDEN NAME <u>Alora Murdick</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Wallace Rowe</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-03-9446</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Grace W. Rowe - 202 Wilson St. Flat River, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cocainia of right lung</u>		
	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)	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 12/13, 1955, to 7/30, 1956, that I last saw the deceased alive on 6/7, 1956, and that death occurred at 5:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Jones MD</u>	23b. ADDRESS <u>Flat River, Mo</u>	23c. DATE SIGNED <u>7/31/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 2 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 31, 1956</u>	REGISTRAR'S SIGNATURE <u>Ethel...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Wood</u>	ADDRESS <u>303 Crane St. Flat River, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Alvin W. Hood*.....

Licensed Embalmer No...2780

P. O. Address 303 Crane St. Fla.

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.