

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 2910
318 REG. DIST. NO. 1003 PRIMARY REG. DIST. NO. 307 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clayton</i> 4442	
c. LENGTH OF STAY (In this place) <i>5 days</i>		d. STREET ADDRESS (If rural, give location) <i>8045 Watkins Dr - Javis Pl.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Barnes Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>HARRIET</i> b. (Middle) c. (Last) <i>Rowdon</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1 - 11 - 51</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED 2</i>		8. DATE OF BIRTH <i>June 21, 1882</i>	9. AGE (In years last birthday) <i>68 yrs</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Kansas</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					

13a. FATHER'S NAME <i>Post Cooper</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Robinson</i>		14. NAME OF HUSBAND OR WIFE <i>Charles O Rowdon</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Clyde Israel 8045 Watkins Dr.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis with myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 da.</i>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			DUE TO (b) _____		
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) <i>Generalized arteriosclerosis</i>			10 yr.		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <i>Fall</i>	

22. I hereby certify that I attended the deceased from *1-6*, 1951, to *1-11*, 1951, that I last saw the deceased alive on *1-11*, 1951, and that death occurred at *2:31 A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>FR Madley M.D.</i>		23b. ADDRESS <i>Barnes Hospital</i>		23c. DATE SIGNED <i>1/11/51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 12, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Pacific City Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Pacific Mo</i>	
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DATE REC'D BY LOCAL REG. REG. <i>JAN 12 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Larater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alexander & Son 10175 Pelham</i>	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Joe E. McCulloch
Licensed Embalmer No. 2460

Signed
Student Embalmer

P. O. Address 6175 Dillme

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.