

5. No. 300
v. 10.48

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40016

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3596

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY <i>Marion</i>	
b. CITY OR TOWN CLAYTON		c. CITY OR TOWN Vienna Mo.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. County Hospital		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Dorris b. (Middle) Jewel c. (Last) Finn			4. DATE OF DEATH (Month) (Day) (Year) 11-3-51		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 12-14-1924		9. AGE (In years last birthday) 26		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Marion County, Mo.	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Ovid Rowden		13b. MOTHER'S MAIDEN NAME Jessie Mc Kee		14. NAME OF HUSBAND OR WIFE Joseph Finn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Finn, Vienna, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture and brain damage- suffered when a passenger in a car driven by Wilburn Rowden was struck by a car driven by Arvey Lee on Highway 66, Nov. 3, 1951		
	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) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11/3/51 6:20 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car deceased was riding in automobile, was sideswiped by another automobile.	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Arnold J. Willmann</i> (Degree or title) Coroner		23b. ADDRESS 3 Clayton, Mo.		23c. DATE SIGNED 11/7/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-5-51		24c. NAME OF CEMETERY OR CREMATORY Vienna, Mo.	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE		24f. ADDRESS	

DATE REC'D BY LOCAL REG. 11-5-51		REGISTRAR'S SIGNATURE <i>Hubert Roberts</i>		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service	
				ADDRESS	

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

4002

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. *F*

Student
Student Embalmer

Signed

Ben G. Hoffman
Licensed Embalmer No. *123/366*
P. O. Address *St Louis 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.