

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42559

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10958**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give town) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 20 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		STREET ADDRESS (If rural, give location) 4206 Enright	
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Beatrice c. (Last) Rowan		4. DATE OF DEATH (Month) (Day) (Year) 12 13 55	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 10, 1915
9. AGE (In years last birthday) 40		IF UNDER 1 YEAR 10 Months 7 Days	IF UNDER 24 HRS. 7 Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (City and State or Foreign Country) Humboldt, Tennessee.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME George Rowan	
13b. MOTHER'S MAIDEN NAME Nicie Cannon		14. NAME OF HUSBAND OR WIFE Obie Combs	
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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Josie Johnson		ADDRESS 4206 Enright Ave	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. "DISEASE OR CONDITION DIRECTLY LEADING TO DEATH" (a) Squamous Cell Carcinoma of Anus with Metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH Undt.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION 11-12-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Anus	
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) (Minute)	
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 10-11, 1955 , to 12-13, 1955 , that I last saw the deceased alive on 12-13, 1955 , and that death occurred at 10:40a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank O. Richards, M.D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 12-13-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/14/55		24c. NAME OF CEMETERY OR CREMATORY Humboldt, Tennessee	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	
DATE REC'D BY LOCAL REG. DEC 14 1955		ADDRESS 4107 Finney Ave.	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No... 4221

P. O. Address 4107 Finney

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.