

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41630

STATE FILE NUMBER

Registration District No. 305 Primary Registration District No. 6047 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Foristell, Mo.</u>		c. CITY OR TOWN <u>Richland, Mo.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None.</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Rt. #</u>	
3. NAME OF DECEASED (Type or print) First <u>Zylphia</u> Middle <u>Ann</u> Last <u>Rowden.</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>3,</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 18, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>	9. AGE (In years last birthday) <u>65</u>
11a. FATHER'S NAME <u>Raleigh Long.</u>		11b. MOTHER'S MAIDEN NAME <u>Nancy Unknown.</u>	11c. NAME OF HUSBAND OR WIFE <u>Charley Ross Rowden.</u>
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		12b. SOCIAL SECURITY NO. <u>None.</u>	12c. INFORMANT Address <u>LeRoy Rowden Richland, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of sigmoid colon</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) . <u>153X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Nov. 21, 1957</u> to <u>Dec. 3, 1957</u> and last saw her alive on <u>Dec. 1, 1957</u> Death occurred at <u>1:05</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. M. Keller, M. D.</u>		22b. ADDRESS <u>Wentzville, Mo.</u>	22c. DATE SIGNED <u>12-5-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/3/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Iberia, Missouri</u>
24. FUNERAL HOME ADDRESS <u>Hedges Funeral Home Richland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 5 1957</u>	26. REGISTRAR'S SIGNATURE <u>Walter F. Bell</u>

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 *Lawrence E. Moss*

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.