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

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12349

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1791

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ks.
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osawatomie
d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): P.
c. (Last): Cowden

4. DATE OF DEATH (Month) (Day) (Year): 4-22-49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 22, 1892
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: William Cowden
13b. MOTHER'S MAIDEN NAME: Sadie Boyce
14. NAME OF HUSBAND OR WIFE: Birdie Cowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW #1 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Birdie Cowden — ADDRESS: Osawatomie, Ks.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
(b) DUE TO (b) Duodenal Ulcer — 1 yr
~~DUE TO (c)~~ Jaundice from Stricture Common Duct — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May *, 19*30*, to* 4/22*, 19*49*, that I last saw the deceased alive on* 4/21*, 19*49*and that death occurred at* 3 a.m.*, from the causes and on the date stated above.*

23a. SIGNATURE James R. McVay (Degree or title): James R. McVay M.D.
23b. ADDRESS: 814 Porter Bldg Kansas City
23c. DATE SIGNED: 4/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-22-49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Osawatomie, Ks.

DATE REC'D BY LOCAL REG.: 4-23-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: STINE & McCLURE — ADDRESS: Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 26 1952

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.

Signed Ruben W Ruel

Signed _____
Student Embalmer

Licensed Embalmer No. 8745

P. O. Address S. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.