

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14877

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 523

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> St. Joseph, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Joseph, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Memorial Home</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Home 1024 Maine</u>			

3. NAME OF DECEASED a. (First) <u>Frances</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Cowan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 9 49</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct. 26, 1873</u>	9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel D. Cowan</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth E. Langford</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Memorial Home Records</u> ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic kidney disease</u> DUE TO (c) <u>Arteriosclerosis general</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>446X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Sept 19, 1938, to May 9, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 12:01 AM from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Jenkins M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph Mo.</u>	23c. DATE SIGNED <u>5-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 11, 1949</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bauman</u> ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

D. C. Jensen

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
Student Embalmer

Signed *Eugene Wood*

Licensed Embalmer No. *2804*

P. O. Address *319 5th St. Joseph*

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.