

No. 300  
10.48

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23768  
Registrar's No. 220

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <b>Jacks on</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Inde pend ence</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 923 S. Hocker</b>		d. STREET ADDRESS (If rural, give location) <b>923 So. Hocker</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jos eph</b> b. (Middle) <b>Eli</b> c. (Last) <b>Stowell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 17, 1949</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>wht</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 2, 1879</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Eva Claire Co. Wis.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Salve Stowell</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Addie Mae Stowell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Addie Stowell, Independence, Mo.</b>	ADDRESS <b>Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left ventricular failure with pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>hypertension &amp; arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4 4/4x</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 **12/28, 1946**, to **7/17, 1949**, that I last saw the deceased alive on **7/17, 1949**, and that death occurred at **12:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Vance E. Link, M.D.</b>	(Degree or title)	23b. ADDRESS <b>1st Nat'l. Bank Bldg. Independence, Mo.</b>	23c. DATE SIGNED <b>7/18/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/20/49</b>	24c. NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <b>Mound Grove Cem. Independence, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 18-49</b>	REGISTRAR'S SIGNATURE <b>Wm. Stalco</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goland Speake</b>	ADDRESS <b>Independence, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 26 RECD

**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

*Poland P. Peaks*

Licensed Embalmer No. *3604*

P. O. Address *Indy 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.