No. 300
10-48

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

ED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38609

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10511

1. PLACE OF DEATH
a. COUNTY ~~6036 Cater Ave~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6036 ~~Home Cater~~ 6036 Cater

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
d. STREET ADDRESS (If rural, give location) 6036 Cater

3. NAME OF DECEASED (Type or Print) a. (First) Mirtie b. (Middle) Parsons c. (Last) Cowan

4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 1949

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 5-11-1892
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) Domestic
10b. KIND OF BUSINESS OR INDUSTRY House Keeping
11. BIRTHPLACE (State or foreign country) Corso Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. E Parsons
13b. MOTHER'S MAIDEN NAME Emma Parish
14. NAME OF HUSBAND OR WIFE Joe Cowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs W. S. Trower — ADDRESS Bellflower

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30

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. Nephritis — years

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) 181
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* Oct. 31st, 1949, *to* Dec 3rd, 1949, *that I last saw the deceased alive on* Dec 3rd, 1949, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. D. Becker D.O.
23b. ADDRESS 5970 Plymouth Ave
23c. DATE SIGNED 12/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-6-49
24c. NAME OF CEMETERY OR CREMATORY Montgomery Cem
24d. LOCATION (City, town, or county) (State) Montgomery City Mo

DATE REC'D BY LOCAL REGISTRAR DEC 6 1949 — DEC 6 1949
REGISTRAR'S SIGNATURE J. B Sasater
25. FUNERAL DIRECTOR'S SIGNATURE Oland A Jones — ADDRESS Bellflower Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Oland A. Jones

Licensed Embalmer No. 2978

P. O. Address .....

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

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