

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41416

State File No.

JAN 4 1950
BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aldrich	
c. LENGTH OF STAY (In this place) 6 years		d. STREET ADDRESS (If rural, give location) Greenwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Home For Aged			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Frederick	
c. (Last) Cowan		4. DATE OF DEATH (Month) (Day) (Year) Dec. 15 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH June 13, 1888
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ice Dealer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Aldrich, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Lucian Cowan		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME M. L. Cowan, North Kansas City, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec 10, 1949, to Dec 15, 1949, that I last saw the deceased alive on Dec 15, 1949, and that death occurred at 3:40 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. B. Beane D.M.D.		23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 12/15/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/16/49	24c. NAME OF CEMETERY OR CREMATORY Ridge Cemetery
24d. LOCATION (City, town, or county) Aldrich, Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. DEC. 15, 1949		REGISTRAR'S SIGNATURE Donald C. Samsbarn 378	FUNERAL DIRECTOR'S SIGNATURE H. L. Cowan
ADDRESS Independence, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 29 1949

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.....

R. A. Lisle

Signed.....

Student Embalmer

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.