

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12904**
Registrar's No. **1698**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

4

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

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 OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 45 YEARS		d. STREET ADDRESS 3433 MICHIGAN AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION KANSAS CITY CONValesCENT HOME			

3. NAME OF DECEASED a. (First) JOHN b. (Middle) E. c. (Last) COWLES			4. DATE OF DEATH APRIL-9-1950		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN. 4, 1877		9. AGE (In years last birthday) 73 YRS.		10. MONTHS 0 DAYS 0 HOURS 0 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FLOOR SANDER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) STORM LAKE IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME EDSON C. COWLES		13b. MOTHER'S MAIDEN NAME IDA TAYLOR		14. NAME OF HUSBAND OR WIFE HELEN COWLES	
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 MRS HELEN COWLES	
				ADDRESS 3433 MICHIGAN AVE. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis				3 year	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				45 ⁰⁰	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 **4-7-50**, to **4-9-50**, 19___, that I last saw the deceased alive on **4-9-50**, 19___, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Laurens		23b. ADDRESS 428 S. White Ave		23c. DATE SIGNED 4-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 11, 1950		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	

DATE REC'D BY LOCAL REG. 4-11-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer	
				ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address. Kansas City, 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.